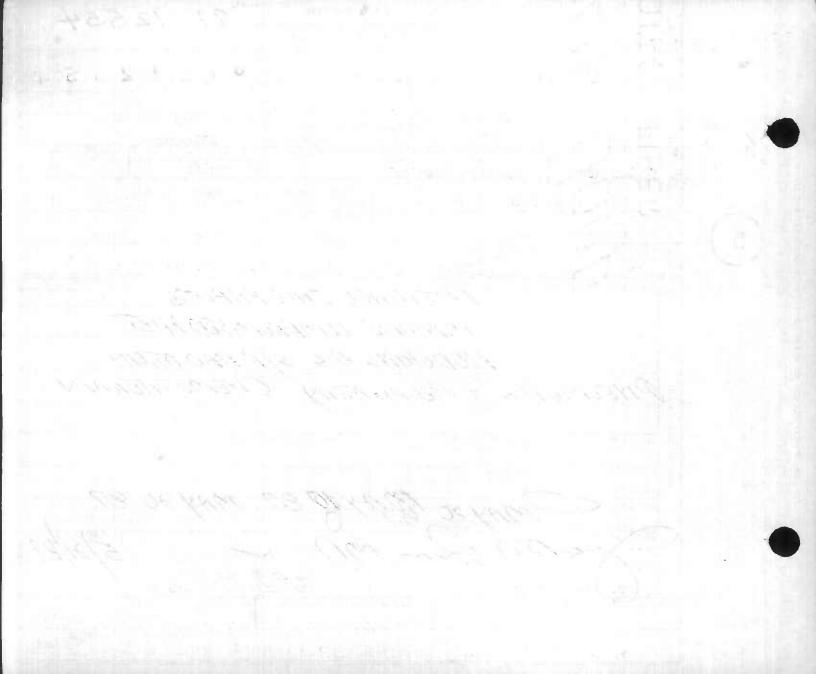
STATE OF MARYLAND

12554 87

955	5394 1111	- STATE	DEPA	CERTIFICATE (REG. NO.		0
	0011	1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR	?b. HOUR
	moy be poge 3	(TYPE OR PRINT) DEBORA		ALEXANDER		8 May 20,	1982 5	7000 PM
	freching	3 SEX	4 RACE	5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
	000	Female	White		17, 1952		YRS	1
	2 50	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED X NEV	VER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
	1600	Maryland	USA	WIDOWED	DIVORCED [Allegan	V	MD
	10	Cumberland	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Memorial Hos	REET ADDRESS)	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE	12b. KIND OI	F BUSINESS OR Home
1120	5 5 27	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)				1101110
AND	主題か		rrett 0akla		DE CITY LIMITS?	Star Rt. 2,	Box 38-B	21550
ARYL		PATHER'S NAME Edge 1	Paul Seren		HER'S MAIDEN NAM FIRST Estaffee	MIDDLE	LAST	
, E	3.	160. WAS DECEASED EVER IN U.S. A				Elesta	Jackso	n
BALTIMORE	De		GIVE WAR OR DATES] 220-58			lexander, See	#13 above	
BALI	ote l sicio ppers vol. t, the	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), SED BY:	and (c),1		0.10	APPROXI/ BETWEEN C	MATE INTERVAL DISET AND DEATH
	a ph)		ATE CAUSE (o)	ZNINGO-	-ENCE	PHANIS	Mont	hs
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W. PR	by the o	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECULA	DUENCE OF 1	15 51	P RACIA	TON Hear	S
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T RECO	A De	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PE	REFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES T	
ATT.	2 1 0 0 0	21a. ACCIDENT WAS UNDERLYING		21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I		
40 N	SICIAN Centric from 1	OR CONTRIBUTING CAUSE OF D	P.M.	DAY YEAR		1		
DIVISION OF	ond N	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
0	ADIN Or of the oth mort	22s I certify that It (this hos	count oftended the decoding to	BAY	10 87	MAYO	0.19897	hat (I) (we) last
	27 Per 27	saw the deceased alive a above, (I) (we) (did) (did)	not view the book after death	DI and then if	(out) apinion o	leath accurred by the date of	nd haur and fram the o	causes stated
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	25 124	23a. BURIAL, CREMATION, REMOVA		C NAME OF CEMETERY		23d LOCATION	COUNTY	STATE
	BP	Burial	5/23/87 G	arrett Co. 1		ens Oakland,	Garrett, M	
	DHMH - 16 60M 7/84	24. FUNERAL DIRECTOR	ADDRES	\$		REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATI	D. Jack
	(VRA 15, 4)	Bradley A. Stew	art Oakland,	Maryland 2	1550	UN 3 1987 A	ulia Devider.	Variable



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ge 4	15	Male		White		Augu	st 14,1956°	30	YRS		
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1		ty or town of de Cumberland	1	SACRE	O HEART H	OSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Maintena	OF WORKING LI		r BUSINESS C
24 hou	N	AL RESIDENCE (IF NU TATE Saryland	13b COUN Allec		13c CITY OR TOW Cresapte		13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS 14803 Hi	ZIP CODE	reet / 2	21502
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e be cion ers. P					217-66-		Christine L.	winter-Add	iress s		#13.
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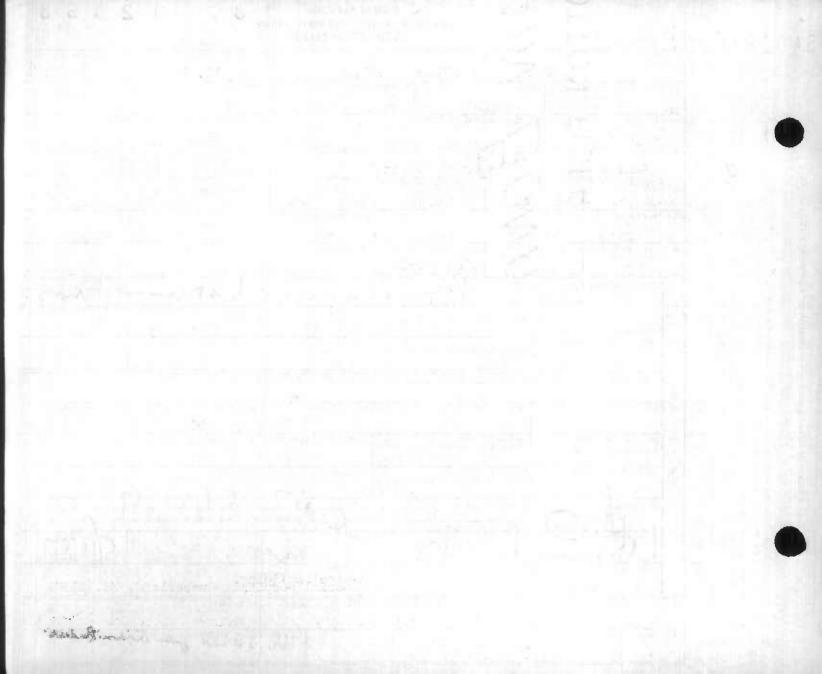
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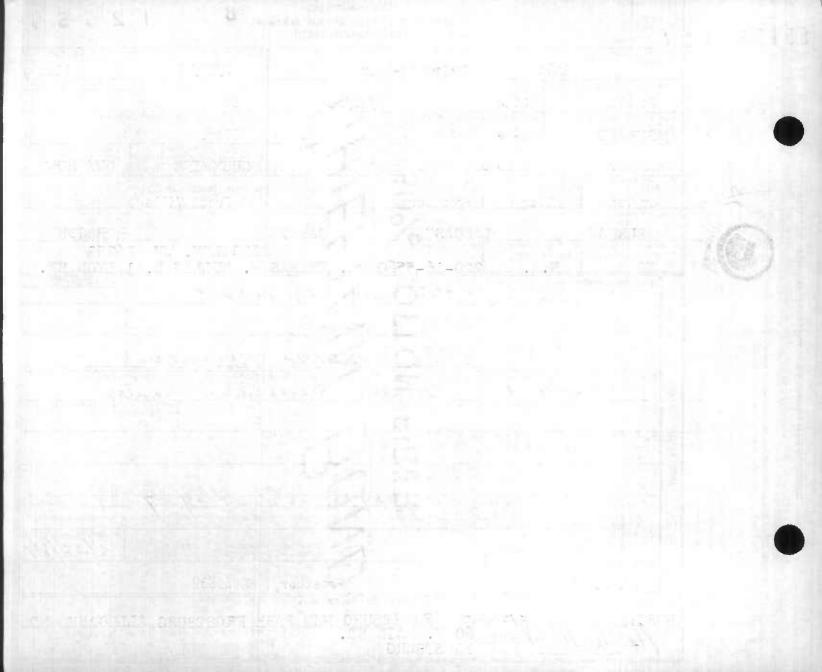
William V. Might Cumberland, MD

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NY DELAY IS NECESSARY, PLEASE ANY DELAY IS NECESSARY, PLEASE AN PAGE 5 FOR YOUR FILES. THE BE FILED WITHIN 72 HOURS DAGS COMM. PRESTO. STREET	3. SE	emale	1 RACE Cau	Det. 254	1909	AGE (IN YEAR	MONTH	DER 1 YR.	IF UNDER	MIN	RONOUN DEAD		MONTH	16	YEAR 19 87	2d HOUR 2045
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BALTIMORE, MD. SIRS AFTER DEATH. IF SIVE PAGES 1. 2. WITH FOR. PAGES 1 AND DIVISION		Ever	ett	Mode .		ckwor		Druz	Tlla	N NAME	AA	Lona	con	llew	/All	m
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TON ST., 24 HOUR ITEM 18. ICONG W PERMIT. GJENE, DI		PART I D	OF DEATH (Enter on SEATH WAS CAUSED IMMEDIAT	P BY:	ardi	ac arr								BETY	PPROXIMATE WEEN ONSE	AND DEATH
WEWAL H		gove i	ons, if any, which rise to immediate a) stoting the <u>under-</u> ouse last.	(b)		ISEQUENCE O		ic h	eart	dis	ease					
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AITAL BESHOULD OND "FE USED IT OF HEI URIAL	CERTIFICATION	19a. DATE O	FOPERATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					100	AUTOPSY?	NO 🖵
DIVISION OF VITAL RECORDS MNER: THIS CERTIFICATE SHOULD BE DEFICATE, WRITING THE WORD "FENDING SE FORWARDED TO THE CHIEF MEDICA CTOR: PAGE 3 SHOULD BE USED AS BE H'THE STATE DEPARTMENT OF HEARTH A HOND, 21201 PRIOR TO BURRAL OREMA	MEDICAL CER	21ª EXTERN UNDERLYIN CONTRIBUT	ING CAUSE OF D		MONTH	19			OCCURRE) (ENTER NA	ATURE OF INJ	URY IN ITEM 11	8 PART 1 OR I	PART 2)		A
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TO MEDICAL EXAMINER: THE EXECUTE IN PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATE PORTH, WITH THE STABALH, MANY THE STABALH, MANY THE STABALH, MANY THAN STABALH, M		death resul	1	e of the remains des	cribed abo		Autops	Homic TITLE (S	SPECIFY)	Undeter	Inquiry	nner .	and in my i		17/8	17
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	22 1111 22	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	1 2 5	5 8
J 4 U	Z 3 1m1 Z 3		CEASED NAME FIRST		MIDDLE	LAS	T	20 DATE OF DEATH		26 HOUR
	2 m.d.	Түр	OR PRINT)	BERT	THEODORE	E BE	EYER	May 12, 1	987	4:50 A
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	t B a		est Virginia	U.S	S.A.	WIDOWED		Alleg	any	MD.
	1 11/2		ITY OR TOWN OF DEATH	11. NAME OF			OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
10	200	1	Cumberland	Me	emorial Ho	spital			ntrol-Kelly	
10 212	I In	13a.		ME OR OTHER INSTITUTION OUNTY ineral	13c CITY OR TOW Ridgele	N 1	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		1999
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DIVISION OF VITAL RECORDS	SECIAN. The graphics confliction and the graphics and the	HCAL CERT	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)	
SSO	d the d	MEDIC	21d INJURY OCCURRED	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC 3	211 LOCATION STREET	CITY OF TO	WN COUNTY	STATE
IAIG C	O HOSPITAL OR ATTENDING record by the hospital or oth O FUNERAL DRECTOR. After house by detected for use at it with the State Dept. of Mealth or MPORTANT. If Nem 21 is marke		22d PHYSICIANS NAME Dr. Fiscus	nospitals detended of all view the boo	by after death	Di	ATTENDING PHYSICIAN P 220 ADDRESS Medical Buil Memorial Hos	MEDICAL STAN	erland, Md.	2(87
1611	agan	230	BURIAL, CREMATION, REMO (SPECIFY)				METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
17	BP44		Burial	5-14-	-87 D	avis C	emetery		Tucker Co.	
1	DHMH - 16 TOM 7/84		UNERAL DIRECTOR Ft.	Ashby Fur	neral Home	, Inc.	MA	Amed 3, 1381848	APPECIS PARASSEN	
	(VRA 15. 4)	P	.O. Box 1260	- Ft. Ash	nby, WV 2	6/19				





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		Male		Whit		Aug.	28, 1923	63	YRS.		
35	M	RTHPLACE (STATE OF COUNTRY) aryland		76. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED DIVORCED				
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1/	14. F/	ATHER'S NAME FIRST Joseph	h Blac	middle ker	1AST		15 MOTHER'S MAIDEN	NAME	Bowers	LA	51
1		WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	Al	DDRESS	2	
λ	Y	YES NO OR UNKNOWN)	War	E WAR OR DATES)	2151888	80	Mr. Terry	M. Blacker.	Cumber	land. M	ld. S
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LORGARILLON COLL. LOIL.

James C. Crant hard June James

213-18-2017 James N. doon, kelando, Fla.

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Burin H. F. Progetturg, Md.

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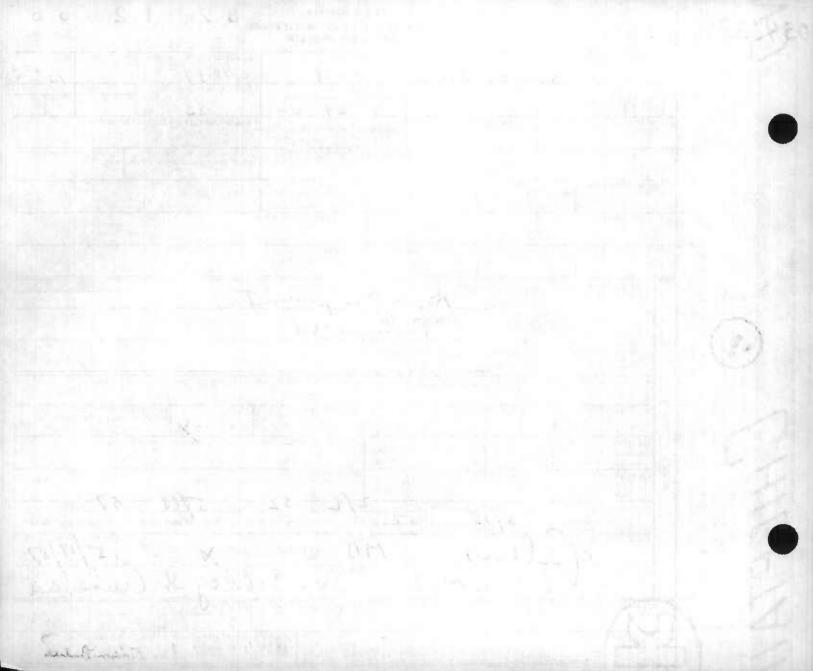
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
/ TVDE OR BOIL(2)	DATE OF DEATH MONTH DAY YEAR 76. HOUR
	S-/8-87 GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
female white 9 29 01	85 YRS.
COUNTRY) MARRIED WEVER MARRIED	ALTIMORE CITY OR COUNTY OF DEATH
MD USA WIDOWED DI DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120	Allegany MD. USUAL OCCUPATION 12b, KIND OF BUSINESS OR
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TY]	usic teacher 108. Kind of Business or Working Life) INDUSTRY School
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STATE 130. COUNTY 131. CITY OR TOWN 131. INSIDE CITY LIMITS?	street address 17 Wempe Drive/21502
THE SHAME IS. MOTHER'S MAIDEN NAME FIRST MAIDEN NAME	
Edward Winner AND ENST MAINTENANCE FIRST FIRST FIRST MAINTENANCE FIRST MAINTENANCE FIRST MAINTENANCE	rgaret Mullaney
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-38-5787 Mr. Thomas E.	ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-38-5787 Mr. Thomas E.	Carroll, Cumberland, MD-son
18. CAUSE OF DEATH Enter only one couse per line for to, (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, if any, which (b)	
Md Allegany Cumberland YES NO 14. FATHER'S NAME FIRST Edward Winner 15. MOTHER'S MAIDEN NAME FIRST 16. MOTHER'S MAIDEN NAME FIRST Mailed Name 16. MOTHER'S MAIDEN NAME 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one couse per line for (a. (b.), and (c.) 18. Cause of DEATH (Enter only one co	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1101
The policy of th	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \) NO \(\text{VES} \)
210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING WAS UN	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON ON THE TOTAL PROPERTY OF THE PROPERTY OF TH	
VIAL INJURY OCCURRED (AT MORE, STREET, FACTORY, OFFICE FARM, ETC.) YII. LOCATION STREET AT MORE AT WORK	CITY OR TOWN COUNTY STATE
220.1 certify that (1) (this haspital) attended the deceased from	to
obove, (I) (we) (did) (and not) view the body after death.	n occurred on the date and hour and from the causes stated
Obove, (I) (we) (did) (d-I not) view the body after death. Obove (I) (we) (did) (d-I not) view the body after death. DEGREE ATTENDING M	EDICAL STAFF RECTOR PHYSICIAN
Obove, (I) (we) (did) (d-I not) view the body after death. Obove (I) (we) (did) (d-I not) view the body after death. DEGREE ATTENDING M	22c. DATE NIGNED
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STATE OF MARYLAND

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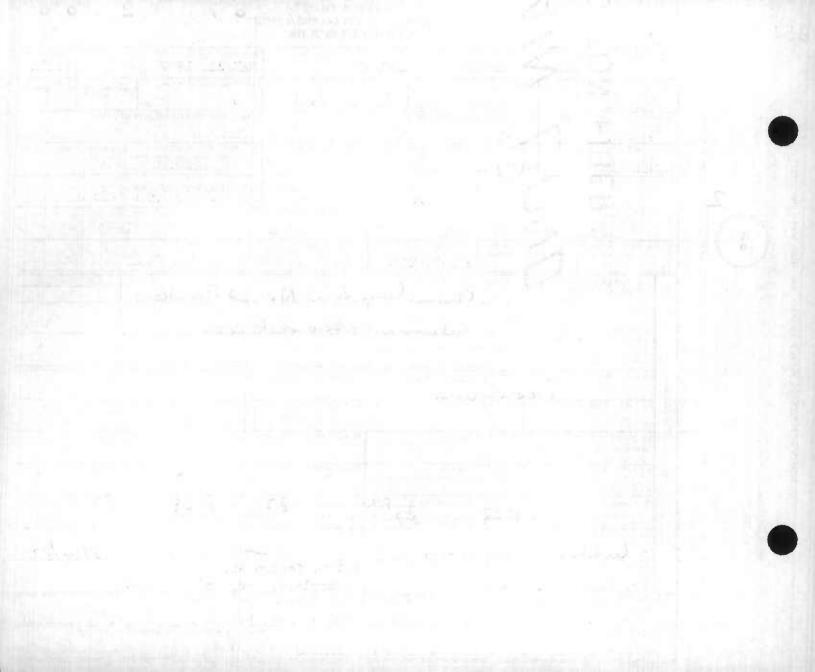
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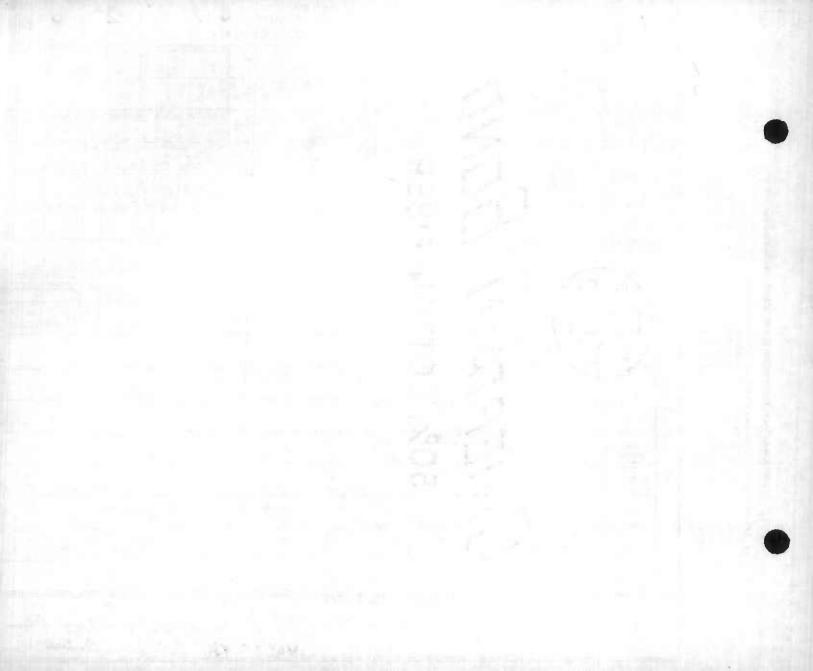
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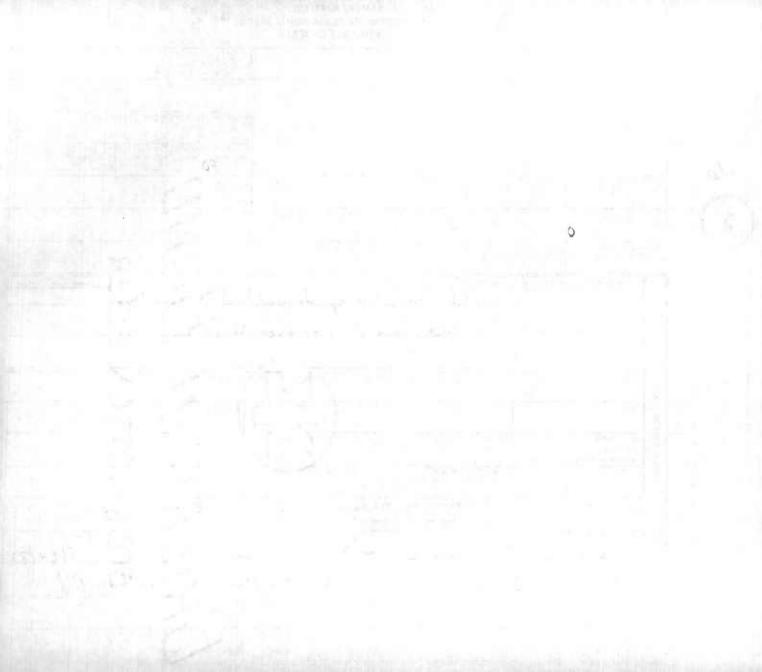
Seriel L.F., 30'57 St. Montels Com., Tronsburg, Allegeng, Mc.



STATE OF MARYLAND 053318 1AY 32 FOR DEPARTMENT OF HEALTH AND MENTAL HYGI MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Jeffrey DEATH MATED Eugene Crabtree 87 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY 6:06 PRONOUNCED 01-28-1968 19 YRS 87 male white DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD WIDOWED DIVORCED Allegany County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS auto body repairman Body Shop Memorial Hospital Cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Route 4 Box 25/21555 Allegany Oldtown 13d. INSIDE CITY LIMITS? YES 🗌 NO TX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME E PAGES I FORM PM James W. Crabtree, Sr. Dorthey L. Arnold 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) R ALONG WITH F USIT PERMIT, PAGE HYGIENE, DIVISIO no 236-15-7282 Mr. & Mrs. James W. Crabtree, Oldtown, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Chest injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 SED AS A I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO TO MEDICAL EXAMINER; THIS CERTIFICATE S
EXECUTE THE CERTIFICATE, WRITING-THE WO
PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYCAND, 21201 PRIOR TO BU 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING A OR HOUR A.M. MONTH DAY YEAR 5 8 19 87 Driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21£ LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt 51 Allegany Oldtown road MD. 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide ___ Undetermined monner TITLE (SPECIFY) 5/9/87 Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn St. Balto, MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 05-12-1987 Sulphur Springs Cemetery Kifer MD 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ulia Dividson Randale James F. Scarpelli, Cumberland, (VR A15 ME (5))

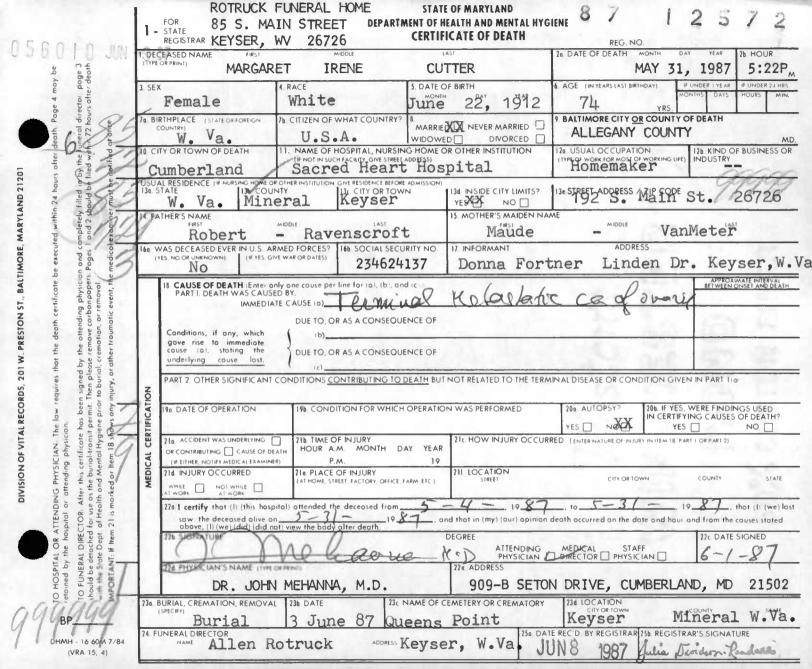


STATE OF MARYLAND



STATE OF MARYLAND 052525 MY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Cuthbertson 20 DATE KNOWN OF ESTI-(TYPE OR PRINT) T. David 0300 4. RACE 5 DATE OF BIRTH 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE 87 1413 PRONOUNCED Male White DEAD Th. CITIZEN OF WHAT COUNTRY? Ja BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS WHEACHWAIR STREET STEESS STEET Worker Steel Lonaconing WSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. Main St. MD. 21201 Afflegany 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nellie David Cuthbertson Todd Md. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 216-05-5836 Ruth Muir, 22 Washington St. Lonaconin APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: Cardio-pulmonary arrest Sudden Chronic Obstructive Pulmonary Disease Years Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE USE EPARTMENT OF PRIOR TO BURNA YES NO X 21s. EXTERNAL CAUSE WAS 71b. TIME OF INJURY TIL HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEL.
EXECUTE THE CAN.
PAGE 4 SHOULD BE FON.
TO FUNRAL DIRECTOR: P/
AFTER DEATH, WITH THE ST
"ALT MORE, MARYLAND." 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted from Notural causes TITLE (SPECIFY) SIGNATURE MEMORIAL HOSPITAL. EXAMINER'S NAME PAUL SNOW. M.D. TYPE OR PRINT 130 BURIAL CREMATION, REMOVAL 1236 DATE, 1987 Mt. View Cemetery 234 LOCATION Moscow Allegany Md. SIATE 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE Eichhorn-McKenzie Funeral Home, Longconing, DHMH - 17 (VR A15 ME (5))

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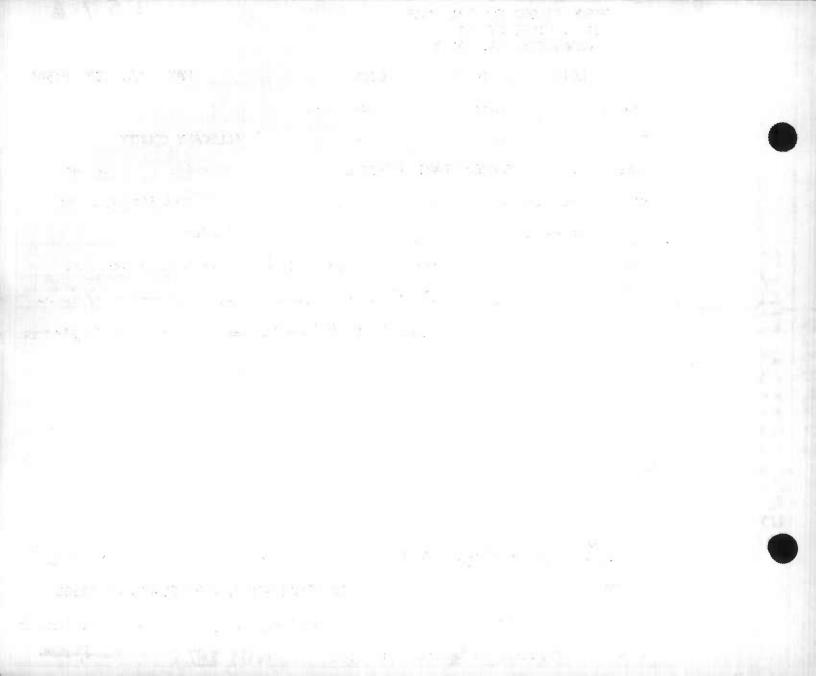
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3 :	Male	White	10/08/19		ARS IF UNDER	1 YR. IF UNDER	MIN PRONOUNCED DEAD			9:21A
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5	AT WORK AT WORK A home 10 Orchard St, Box 300 Ellerslie 22s I certify the Pook charge of the remain described above, held an actors of the remain described above, held an actors of the remainded manner of the remainded ma									egany , MD
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24	FUNERAL DE	257/2	Hypody	nan DA 15	545	250. DATE R	REC'D. BY REGISTRAR			



DHMH - 16 60M 7/84 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502



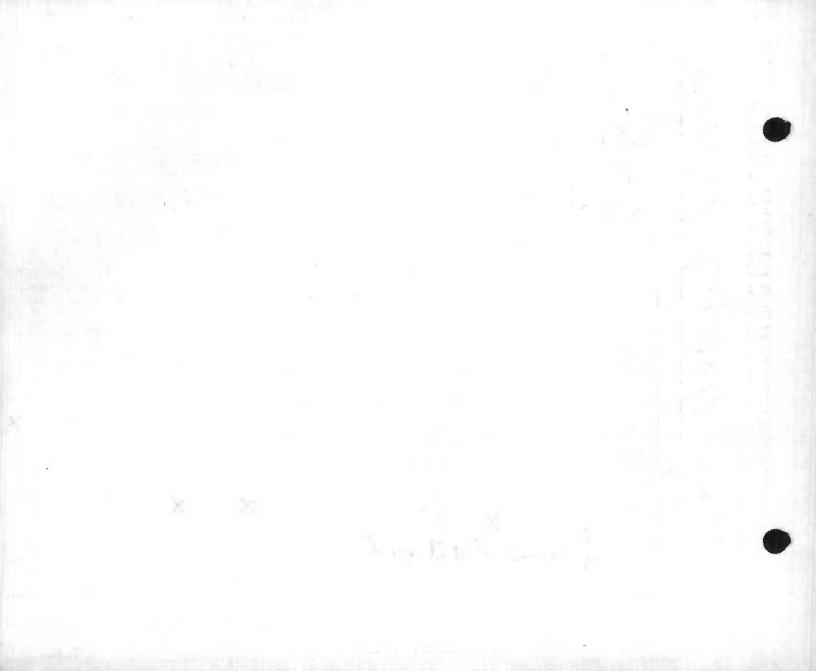
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a series		ATHER'S NAME FIRST John	MIDDLE LAST Diehl	15. MOTHER'S MAIDEN NA	MIDDLE	Machael	s S
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ian. thas be the prime	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	706. IF YES, WERE FINDII IN CERTIFYING CAUSES YES [NGS USED OF DEATH?
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AL OR ATTENDING y the hospital or a tal DIRECTOR: After detached for use as ore Dept of Health It; If hem 21 is mort		22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 27b. SIGNATURE	ot) view the body after death.		death occurred on the do	22c DAJE	
etoined by the TO FUNERAL should be det with the Store		Dr. S. L. S	andhir		race, Frostb	urg, MD	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		t Savage Methodi	23d LOCATION CITY OF TOWN ST Mt Sava	county	STATE MD
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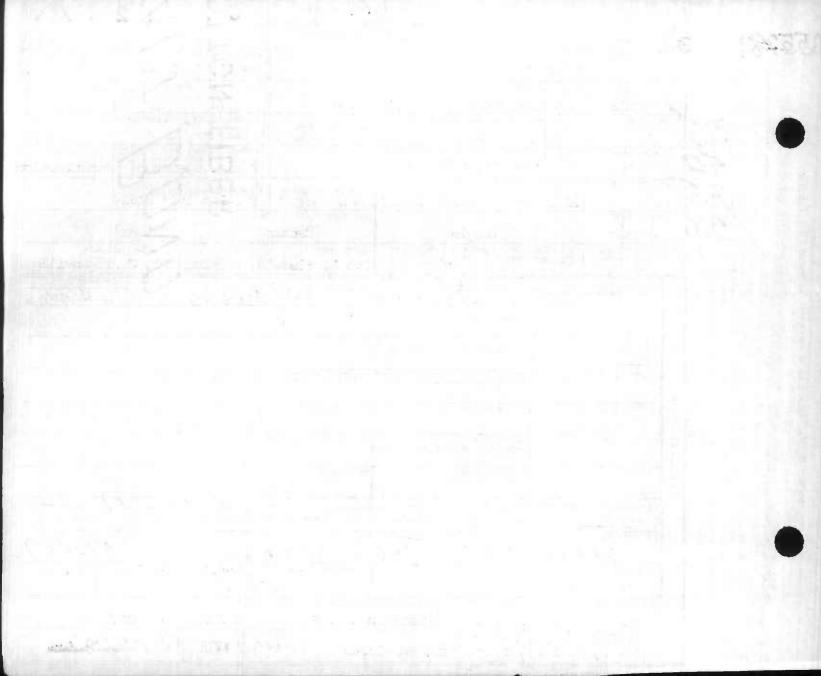
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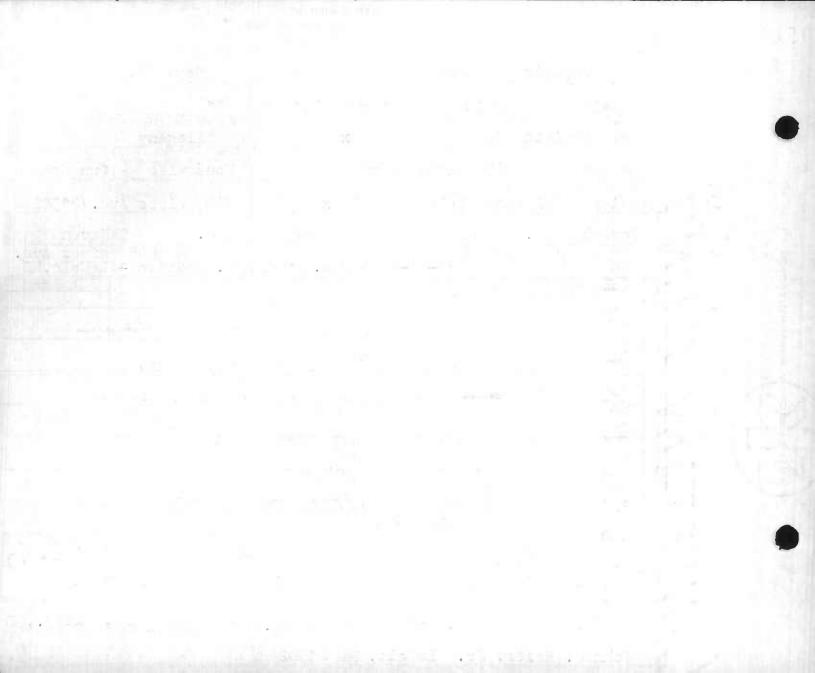
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PLEASE ECTOR. FILES. SINEET,	3. SEX	4. RAC	E	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		DER 1 YR.	IF UNDER 2	4 HRS. 2c.	DATE		MONTH	DAY YEAR	2d. HOUR
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DIVISION OF VITAL RECORDS, 201 S CRETIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING. IN RDED TO THE CHIEF MEDICAL EX E 3 SHOULD BE USED AS A BURIAL EDEPARTMENT OF HEATTH AND OUT PRIOR TO BURIAL. CREMATION	CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH B	IT NOT RELAT	ED TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PART	1 (0					
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TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABATIMORE, MARYLAND, 2		22a certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Noture)	e of the remains desc ol couses X · /// Vanni Mas	Accident	Suice	M.	, Homic TITLE (S	PECIFY)	MEDICA	Inquiry Danied manner	er .	DATE SIGNED	5-14-	
DA SO SE S	23a.B	JRIAL, CREMATION,	EMOVAL 2	B. DATE	23c. N.	AME OF CEM	TERY O	RCREMATO	ORY	23d. LOCA	MOITA		COUN		STATE
BP		Burial		05-16-198	7 St	. Marys	Cer	- 4			mberl		Alle	gany M	1D
DHMH - 17	24 F			ADDRESS		1 140			25a. DATE RE	C'D. BY RE	GISTRAR				
(VR A15 ME (5))	James F. Scarpelli, Cumberland, MD 21502 1250 Date recto. By Registrar 1250 Registrar										Mind.	~. Parde			





5 4 7 4 7 MAY 28	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 / 1 2 5 8 0
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
be oge 3	(TYPE OR PRINT) Phylli	s Blanche	Frankfort	May 25, 1987
moy pog er de	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 20 pt	Female	White	March 23, 1906	81 YRS. MONTHS DAYS HOURS MIN.
coth. Page	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY West Virgini	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH Allegany MD.
s offer de within the formal w	10. CITY OR TOWN OF DEATH LaVale		IC HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE Own Home
YLAND 2120	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland All 14 FATHER'S NAME	egany LaVale	/N 13d INSIDE CITY LIMITS? YES ■ NO □ 15 MOTHER'S MAIDEN NA	
MAR B THE WAR	Joseph M	I. Curry	Hattie	J. DeHaven
be ex e med	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES, O	ARMED FORCES? 166 SOCIAL SECU 214-74-		ADDRES 945 Weires Ave. M. R. Hodgdon - LaVale, MD APPROXIMATE INTERVAL! BETWEEN ONS LAND BATH
DIVISION OF VITAL RECORDS, 3D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be exception. Ifter this certificate has been signed by the ottending physicion on the prince of the buriol-transit permit. Then please remove corbonpopers. Paging the buriol-transit permit, then please remove corbonpopers. Paging the buriol transit permit, then please remove corbon pages.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART THER SIGNIFICAN 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ENCE OF ENCE OF MOCADIA DEATH BUT NOT RELATED TO THE TERM COLLAND OPERATION WAS PERFORMED	WIN AV DISEASE OR CONDITION GIVEN IN PART 1(0) WIN AUTOPS
TO HOSPITAL OR ATTENDING PHYSICIAN: Threstoined by the hospital or ottending physicion TO FUNERAL DIRECTOR: After this certificate I should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie IMPORTANT: If them 21 is marked or them 48 should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie	(# EITHER, NOTIFY MEDICAL EXAMING 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (I) this has sow the deceased alive above, (I) (we) (did) (did) The sign at tipe	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, spitol) ottended, the deceased from	DEGREE ATTENDING PHYSICIAN	city or town county state to 1927, that (I) (we) lost death occurred on the date and hour and from the causes stated PEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR MD
DHMH-16 60M 1/73 (VR A 15 (4))	230. BURIAL, CREMATION, REMOV Burial 24. FUNERAL DIRECTOR NAME John J. Ha	May 28, 1987	Hillcrest Bur. F	



054236		FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGII	ENE 8 / I	2 5	8
- /		EASED NAME FIRST	WIDOFE	ı	AST		20 DATE OF DEATH MONTH D	AY YEAR	26 HOUR
age 3		MALCOLM	M		ETTS		05 1	5 87	1529 PM
I ma	3 SEX		4 RACE	5. DATE C			M	FUNDER I YEAR	IF UNDER 24 HRS
ge 4	M	ALE	white	80°	16	32	54 _{YRS.}		
neral di		OUNTRY) MD	76. CITIZEN OF WHAT COL USA	MARRIE WIDOWE	D NEVER MAR	RRIED	BALTIMORE CITY OR COUNTY	OF DEATH	MD.
on the fundamental state of the fundamental st	1	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, (IENOT IN SUCH FACILITY, GIT MEMORIAL HO		OR OTHER INSTITU	NOIT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FORMER EMPLOYEE	INDUSTRY	office
24 hour	USUA 13a. S	L RESIDENCE (IF NURSING NOME OR TATE 131 COUN MI	NOTHER INSTITUTION GIVE RESIDEN NTY NETAL 13c. CITY C	ce before admission) OR TOWN Ley Ford	134 INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP CODE	90	1999
BALTIMORE, MARYLAND 2120 iote be executed within 24 hours ystican and completely filled in papers. Pages 1 and 2 should be fill yol. 1, the medical executed be not a should be fill yol.	11g-FA	THER'S NAME FIRST Mart	in Garletts	AST	15 MOTHER'S MA	T	Alice McKenzie	LAST	
IMORE,		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV YES VIE	E WAR OR DATEST	-28-7196	MIS. GE	USIN:	ADDRESS ne Garletts, Wile	y Ford.	. WV-wife
V. PRESTON ST., the death certific the attending phyremove carban premotion, or remote traumatic even	7	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	oly one couse per line for (a), DBY: IE CAUSE (a). DUE TO, OR AS A COM (b). DUE TO, OR AS A COM	YSEQUENCE OF	Cardia Aspira	c b	Arrest.	APPROXIM BETWEEN O	MATE INJERVAL MSET AND DEATH
DIVISION OF VITAL RECORDS, 201 V OF PHYSICIAN: The law requires that of other ding physician. Wher this certificate has been signed by as the burnal-transit permit. Then please th and Mental Hygiene prior to burnal, corked or Item 18 shaws any injury, or at	CERTIFICATION		CONDITIONS CONTRIBUTION FOR	failer	Corre	o Art	NAL DISEASE OR CONDITION CAME LA DISCENT 200 AUTOPSY? 200 IF YES, IN CERTIFY	WERE FINDIN	GS USED
TAL B	E						YES NO YES		NO 🗌
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TTEND pital or USE for USE of Heal of Heal		220.1 certify that (1) (this hospi saw the deceased aliye on above (1) (we) (did) And ag	tal) attended the deceased			19 r) opinion de			that (l) (we) last causes stated
ALOR A the has ALORE detached before of the popt.		226 SIGNATURE			MD ATTE	ENDING S	MEDICAL STAFF DIRECTOR PHYSICIAN	774 DATE S	118/87
O HOSPITA etained by TO FUNERA should be d with the Sto		DR RAN TITHAN	W 15344		22e ADDRESS	5.1		-	
		URIAL, CREMATION, REMOVAL			EMETERY OR CREA	MATORY	23d LOCATION	- Company	
GU/BP/UU	1	Burial	05-18-1987	Rocky (Gap V/A C	Cemete:	ry Flintstone /	llegan	y MD
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director ames F. Scarpe	lli, Cumberlâ	nd, MD 2.	1502	MA	REC D. BY REGISTRAR 256. REGISTR	AR'S SIGNATE	Radates

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3715 MAY	9 8	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		2 5	8 2
4 4 pe		CEASED NAME FIRST ELME	R Syl	vester		LOCK	20. DATE OF DEATH A	13	87	26. HOUR 0752
ge 4 may	3. SE	MALE	4 RACE WHIT	E	5. DATE O	DAY YEAR	6. AGE IN YEARS LAST BIRTH	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
15	P	RTHPLACE (STATE OR FOREIGN COUNTRY) PNNSYLVANIA ITY OR TOWN OF DEATH	U.S	F HOSPITAL, NURSIN	WIDOWE G HOME (DE DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OR Allegar 120. USUAL OCCUPATIO	ıў	126. KIND O	ME F BUSINESS OR
of in by the description of the	W6U.	JMBERLAND AL RESIDENCE (IF NURSING HOME COTATE 13b COU	R OTHER INSTITUTIO	AL HOSP IT	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
d complete within 2	160 V	THER'S NAME FIRST JOSEPH VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES		k rity no.	YES NO STATE NO THE STATE NO NO. THE STATE NO THE STATE N	Rt.36 BC	5x 20	"unk	nown"
certificate be sing physician orbonpoperus or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	TE CAUSE (o)_	cankia	C A	Ruth L. Ga	T ATUSE	zame z	as 13	MATE INTERVAL DISET AND DEATH
equires that the death ce is signed by the attending Then please remove carb to burial, cremation, or injury, or other traumatic	N	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	State	D- (NCE OF .	ON COOKE NOT RELATED TO THE TERM	17 B7-F INAL DISEASE OR COND	ITION GIVE	N IN PART 110	
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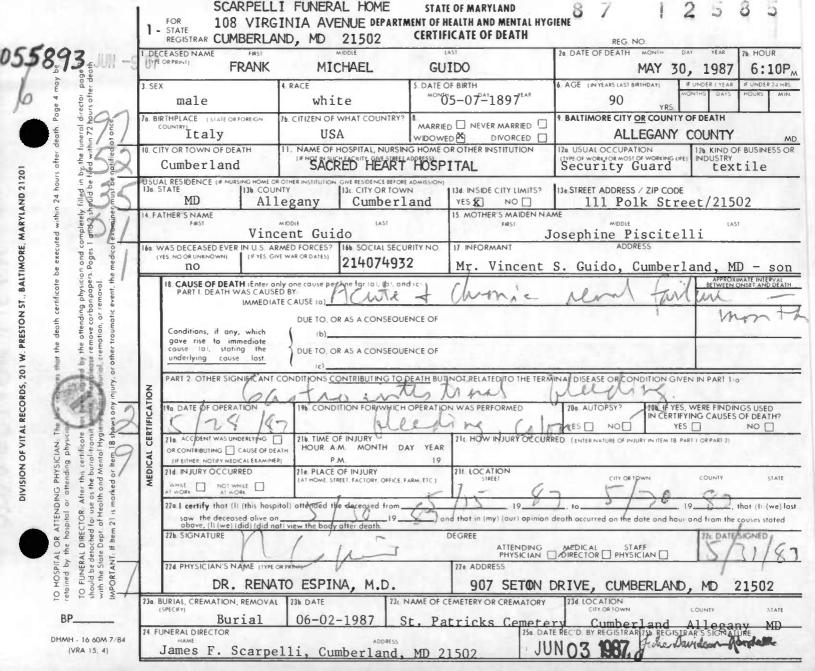
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N S 2 C E	ma	ale	white	02-05-	1924 63	YRS.	THE PAIS	Mark.	DEAD	05- 05	1987	P
ESSARY, NEASE REAL DIRECTOR. DR YOUR FILES WITHIN 72 HOURS PRESTON STREET,	7s. Bli	REIGN COUNTRY	ATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOV	IED X NEVER MA	RRIED	9 BALTIMORE CI Alleg	-	Y OF DEATH	MD.
1	1	y or town umberla		11. NAME OF HOS (IF NOT IN SUCH FA Memori	PITAL, NURSING HO	ME, OR OTH	- \	FOR M	AL OCCUPATION OST OF WORKING LIFE VICE-D	1	OR INDUST	JSINESS RY
RETAIN HOULD HECORD	USUA 13a S1		4136 COL	e or other institution GI INTY edford	13c. CITY OR TOW Bedford		13d INSIDE CITY LIMITS	13e STRE	et appress Route 3 B	lox 516/	15522	99
101	HETA	THER'S NAME	Antho	ny Gaudio	LAST		15. MOTHER'S MA		ilda Val	.enzano	LAST	
202			DEVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT			RESS		
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DEPARTMENT OF HEA	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND!	TION FOR WHICH O	PERATION V	VAS PERFORMED?				20 AUTOPSY	NOX I
CO 100 CO	CERT		L CAUSE WAS	21b. TIME OF	INJURY		OW INJURY OCCUP	RRED (ENTER N	ATURE OF INJURY IN IT	EM 18 PART 1 OR PAR		
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128 A	¥	AT WORK	NOT WHILE	STREET, FAC	(ORY, FARM, ETC.)		SINEE		CITY OR TOWN	COU	JNTY	STATE
IE STAT		22a I certi	fy that I taak cho	arge of the remains des	cribed above, held a	n Autor	osy . Inspec	tion XX	Inquiry XX	and in my api	inion	
PHY		death result	'	tural causes XX	Accident .	Suicide	, Hamicide	1	rmined manner [<u> </u>		
WITH ARY			0	110	4	0	TITLE (SPECIFY)		A GOLD		-1-10	-
F. A.		ACTUAL SIGNATURE.	1.0~	- Ma	Many	- A	Deputy		CAL EXAMINER	DATE	5/5/8	7
TO FUNERAL DIRECTOR: PARA TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1	EXAMINER'S (TYPE OR PRI	NAME GIO	ovanni Mast	rangelo		ADDRESS 900 S	eton D	rive, Cu	umberlan	nd, Md.	21502
BAL BAL	23a.Bt	IDIAL CREATA	TION DEMOVAL	. 23b. DATE	23c. NAME OF	CEMETERY C	OR CREMATORY	1234 100	CATION			
9	(5	Buria	al	05-08-19	87 Hillc	rest B	urial Par		berland	Allega		TATE
H - 17		JNERAL DIREC	TOR	ADDRESS		M.	25a. DA	TE REC'D. BY		REGISTRAR'S SI		
ME (5))		James	F. Scar	pelli, Cum	berland.	MD 215	02 MA	8 O Y	1987 Juli	a Devideor	. Landace	

SSELT Circularization control actification

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		y or town of death aberland			ty Tower		601	F	OUSEW	PATION (TYPE) I fe	OF WORK	OR	OF BUSTR	RY Y
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A See a		22a-1 certify that (1) (this haspital) attended the deceased from									
Photo	saw the dec	saw the deceased alive on 19, ond that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (I) (well (filed) (did not) view the body after death.									
AL OFFICAL DIRECTOR OFF	22b. SIGNATURE	11/01	ON A MA	0	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	220 DATE !	SIGNED - 87		
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Porto for of H		sow the decease above, (I) (we) (c	ed alive on,	5 1) view the body		, 01	nd that in (my) (our) opinio	n death occurred an the	date and hour a	nd from the	ouses stated			
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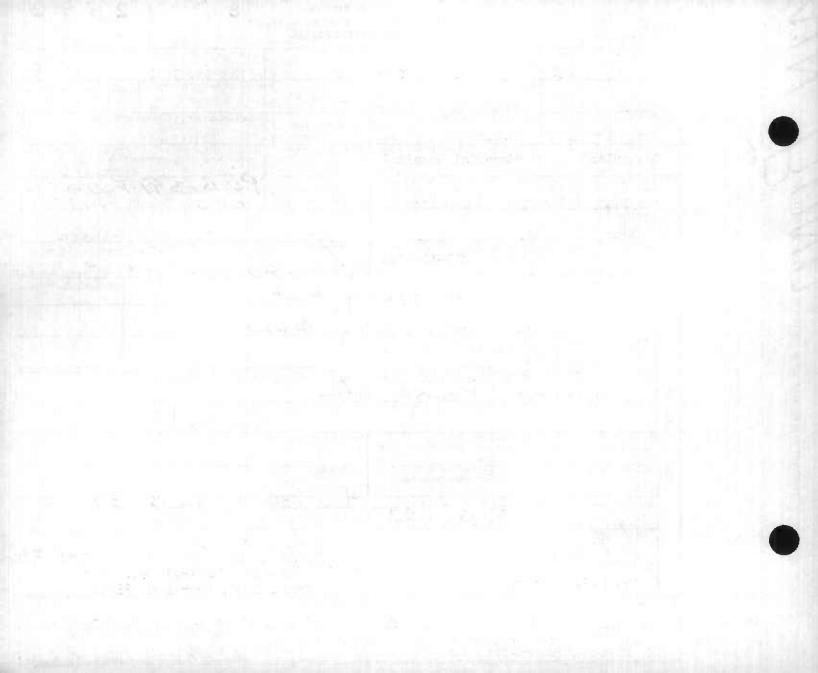
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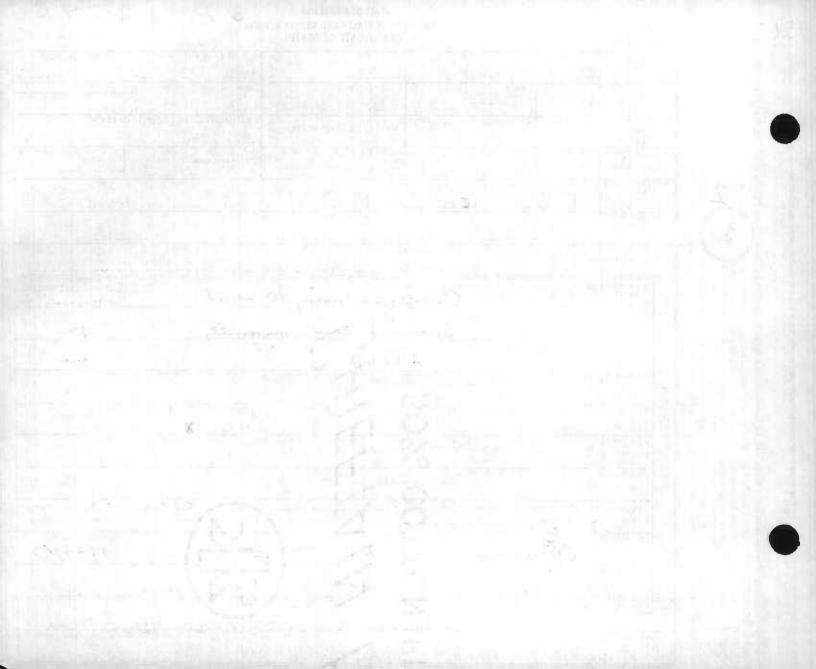
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STATE OF MARYLAND



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TOR: Affor use of Health			22a I certify that (The his has saw the deceased alive above, (1) (Ne) (did) (end			. 0	nd that in (my) (our) opinion (, to	5/24 on the date and ha		, that (I) (we) lost e couses stated
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NH - 16 50M 4/B (VRA 15, 4)	2		INERAL DIRECTOR SILCOX-MERRITI	FUNERAL	ADDRESS		25a. DA1	MAY 2 7	SISTRAR 256. REGIS	TRAR S SIGNA	TURE



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John J. Hafer, Jr. Lavale, MD 21502 MAY

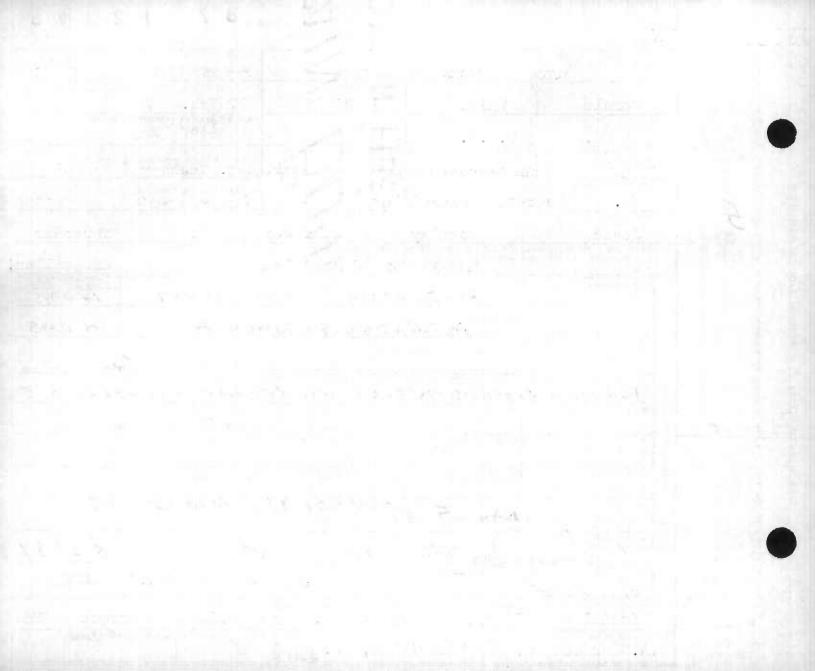
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer drust. Page retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and complike "Yilled in by it should be detached for use as the burial-transit permit. Then please remove corbanapopers. Pages 1 and 2 foold be fitted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical evantages heat the	10 13 16 10 10 10 10 10 10 10 10 10 10 10 10 10
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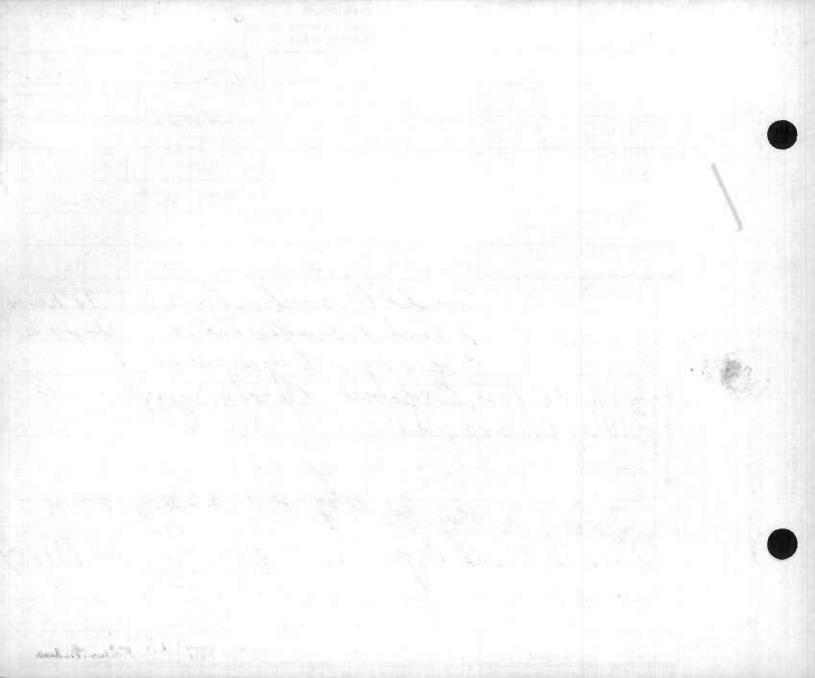
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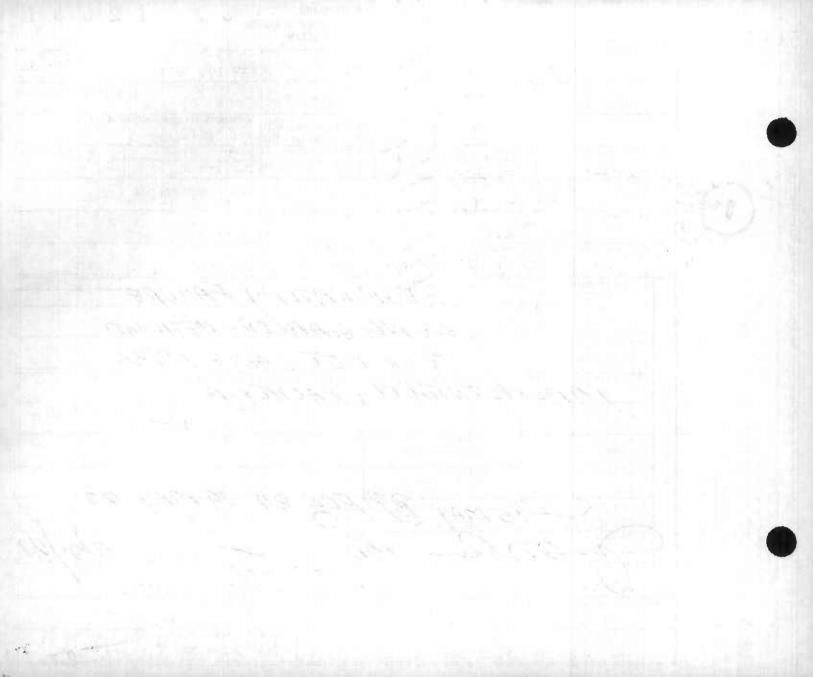
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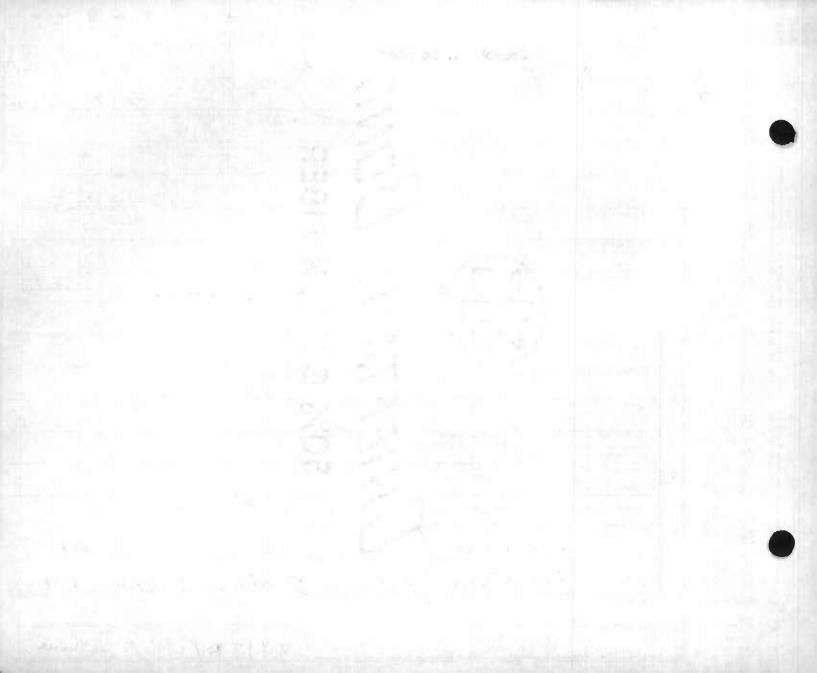
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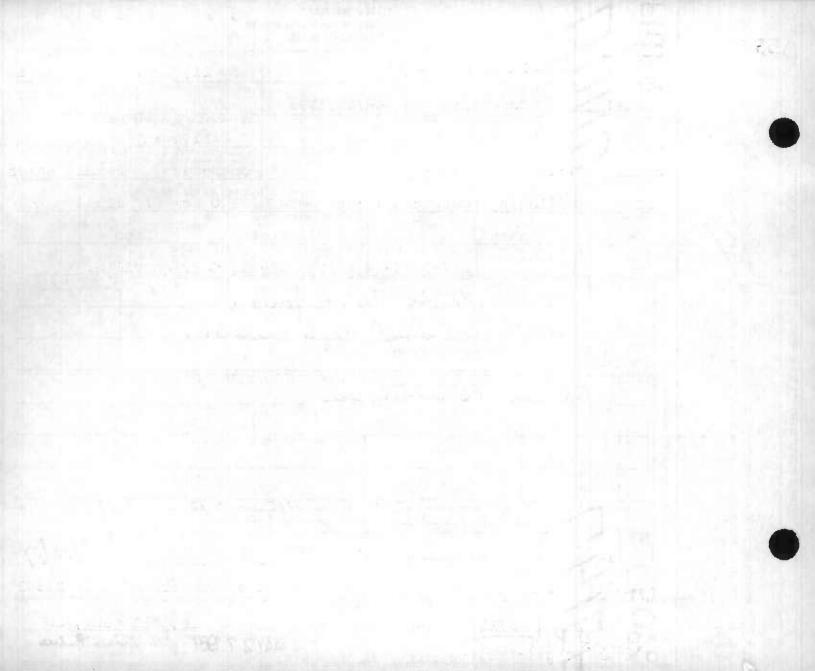
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STATE OF MARYLAND



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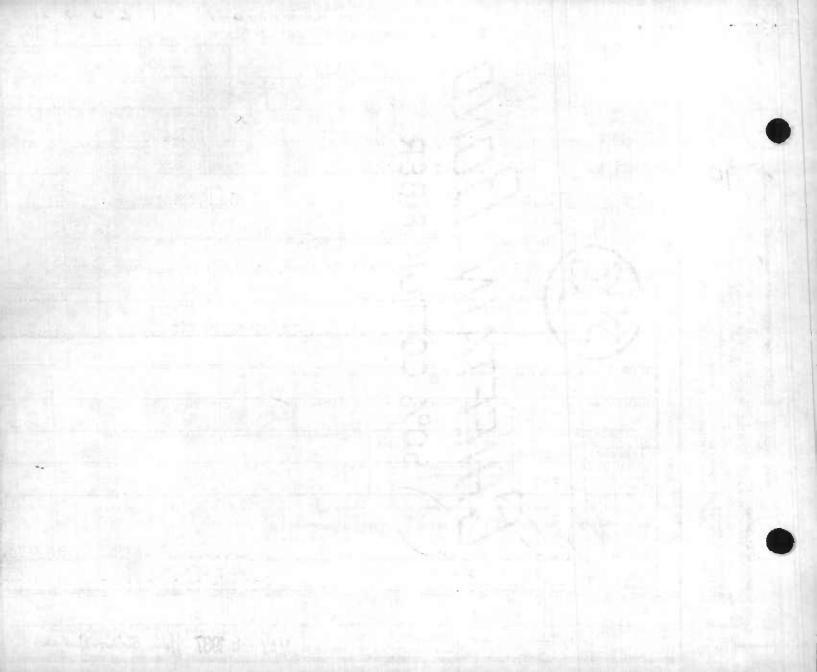
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8	STREET ACTORS, FARM, ETC.												
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL I	HYGIENE	REG. NO				
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e di		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNTY	OF DEATH		
2		W. Va.	14	U.S.		WIDOWE	DIVORCED		Alleg				MD.
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7		Cumberlan	d	Memor	ial Hospi	tal_			Retired		Far	mer	
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1		VAS DECEASED EVER I	IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE		erland	d.Md.	
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		Dr. Eld		PRINT			Memo Cumb	orial berla	Hospital	Medic 502	al Bui	lding	3
	(BURIAL, CREMATION, I SPECIFY) Buri		8 May	_		EMETERY OR CREMATOR Cemetery	7	Martin		county	W.V	_
	24 FL	UNERAL DIRECTOR NAME All	en R	otruck	Keyser	. W. V		MAY	1 3 1987		ARSSIONAL JURGUS	Kandae	À

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD TO FUNERAL DIRECTOR; PAGES 3 SHOULD BE USED AS A BURBAL. TANISIT PERMIT PAGES NATING. SHOULD BE GIVE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION GEVIER PEOPLES, 20 BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL CREMATION, OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. AGGE 4 SHOULD BE PROWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 3 TOR YOUR FILES. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINEN. DIVISION OF WITH RECORDS, 20 W PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION MEDICAL CERTIFICATION	TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLASE THIS CERTIFICATE SHOULD BE DIVENDING. IN PENCIL IN ITEM IS GIVE PAGE 3 HOURS AFTER DEATH. IF AND 3 TO THE FULLER OF THE FULLER OF THE PROPERTY OF THE FULLER OF THE FULL OF T	TO WEDICAL EXAMNEE: THIS CERTIFICATE WITHIN 24 HOURS AFTER DEATH. IF ANY DELLAY IS NECESSARY, PLAGE TO FOLD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELLAY IS NECESSARY, PLAGE TO FOLD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELLAY IS NOON OF DEATH TO FOLD BE FORWARDED TO THE CHIEF MERCHON COMILLY TO AND 3 TO ANY SHOULD BE USEN ANY SHOULD BE USEN AND 3 TO ANY SHOULD BE USEN	TO PROTECT EXAMINER: THIS CREATED NAME (TYPE OR PRINT) 1. STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 2. STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 1. RACE 3. SOLOR ELLOW 3. SOLOR ELLOW 3. SEX 1. RACE 3. SOLOR ELLOW 3. SEX 1. RACE 3. SOLOR ELLOW 3. SEX 1. RACE 3. SOLOR 3. SOLOR 3. SEX 4. RACE 3. SOLOR 3. SO	REGISTRAR DECEASED NAME FIRST DECEASED NAME TO DECEASE NAME TO DECEASED NAME TO DECEASE DECEASED NA	TOTAL	The BRETHPLACE (STATE OR DATE OF BIRTH) TO BRETHPLACE (STATE OR DATE OR DATE OF BIRTH) TO BRETHPLACE (STATE OR DATE OR DATE OF BIRTH) TO BRETHPLACE (STATE OR DATE OR DATE OF BIRTH) TO BRETHPLACE (STATE OR DATE OR DATE OF BIRTH) TO BRETHPLACE (STATE OR DATE	MEDICAL EXAMINER'S CO. REGISTRAR DECASED NAME TRIST MICROL MICROL	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICA DECEASED NAME PROST	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF MARK PROST MODEL MODEL MODEL MODEL MODEL MODEL MODEL MODEL MODEL MARKED X MARKED X	The Engine Residence of the state of the sta	Second Control Contr	Description of the property of	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEMBER STATE DECEMBER STATE OF BEATH DECEMBER DECEMBER	MEDICAL EXAMINER'S CERTIFICATE OF DEATH SOUTH STATE SOU

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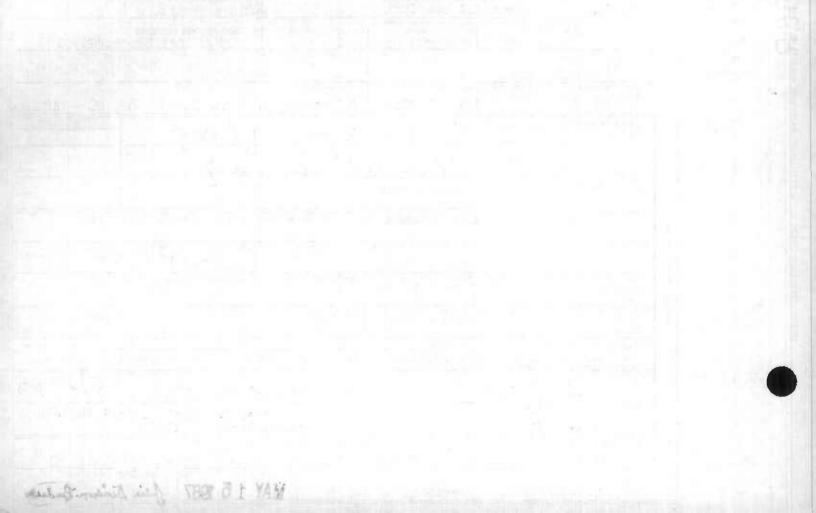
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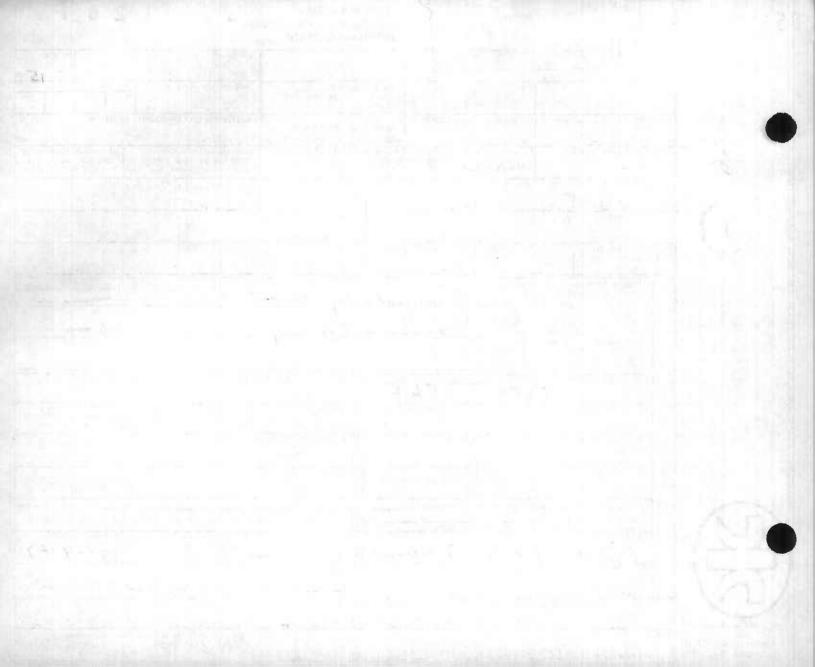
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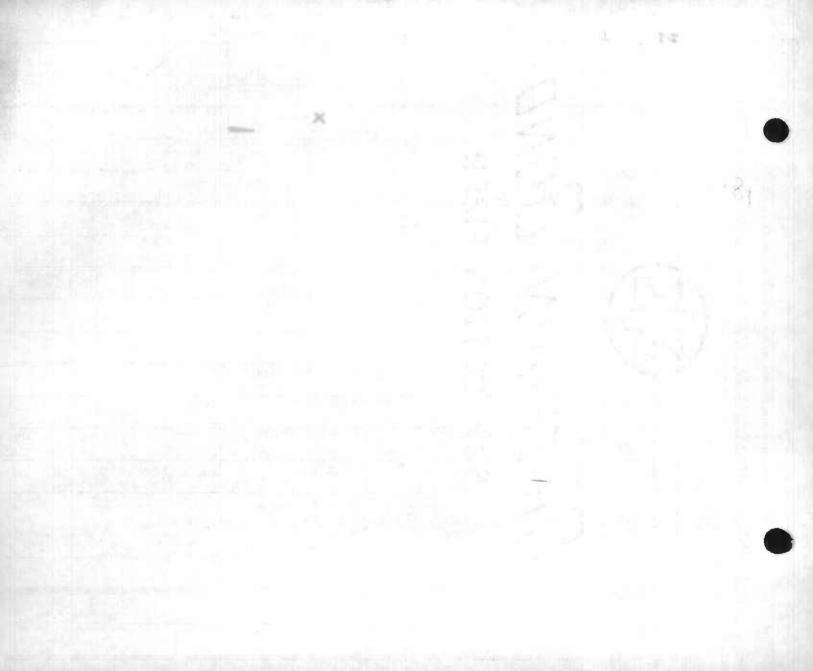
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHOULD BE AND TO FUNERAL DIRECTOR AND TO FUNE TO		EXAMINER'S N (TYPE OR PRIN	T)D	ennis F	. Smyti	n, M.D.		ADDRESS	1.	ll Penr	n St.				
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	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIENE REG. NO	12	6 1 9
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BALTIMORE, MA core be executed system and comp ppers: Poges, Ton vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES O	ARMED FORCES			17 INFORMANT Linda Phare	ADDRES	S	
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ATTENDIN ospital or eCTOR: Af for use o of for use o r of Healtl		220.1 certify that (1) (this has saw the deceased alive above, (1)(we) (did) (did			, o	nd that in (my) (our) apinion	death occurred on the do		from the couses stated
TO HOSPITAL OR retained by the hr TO FUNERAL DIRI should be detache with the State Deep IMPORTANT: If the		226. SIGNATÁRÍ 226. PHYSICIAN'S NAME (14P	E OR PRINT!	y		22e ADDRESS	MEDICAL STAF	F IAN []	2 My P)
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s bee	2	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 206	IF YES, WERE FINDS CERTIFYING CAUSES	NGS USED S OF DEATH?
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O Dep		22b. SIGNATURE	1/01	- 10	DEGREE ATTENDING	MEDICAL STAFF	ZZE DATE	125/22
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TO HOSE etoined TO FUN should b			. RAUL FELI			WALSH RD. CUME	SERLAND, M	D 21502
CARLACI		BURIAL, CREMATION, REA			OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Mineral	L WSTAVa.
49 BP 77	24.5	Burial	. 28 May	87 Potoma	c Mem. Garde		2.1	
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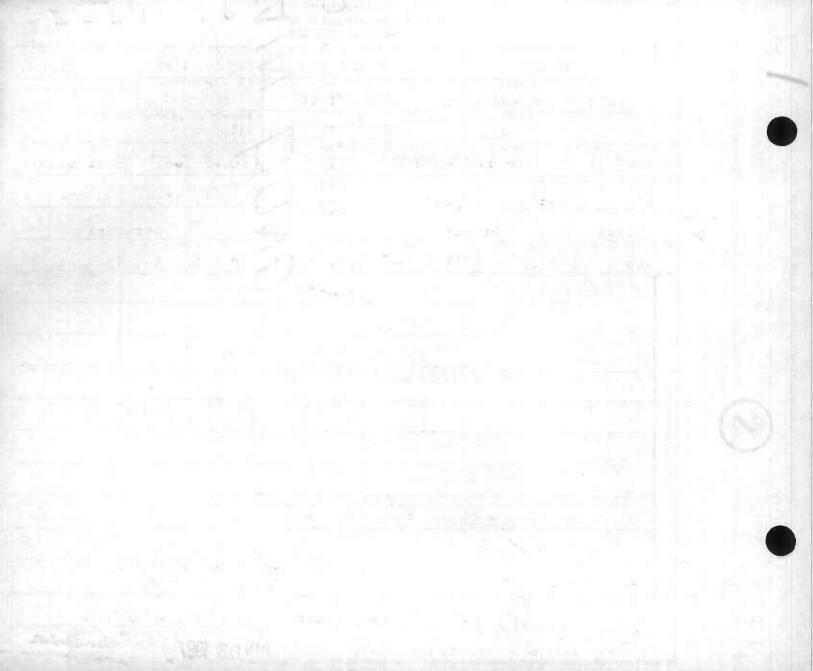
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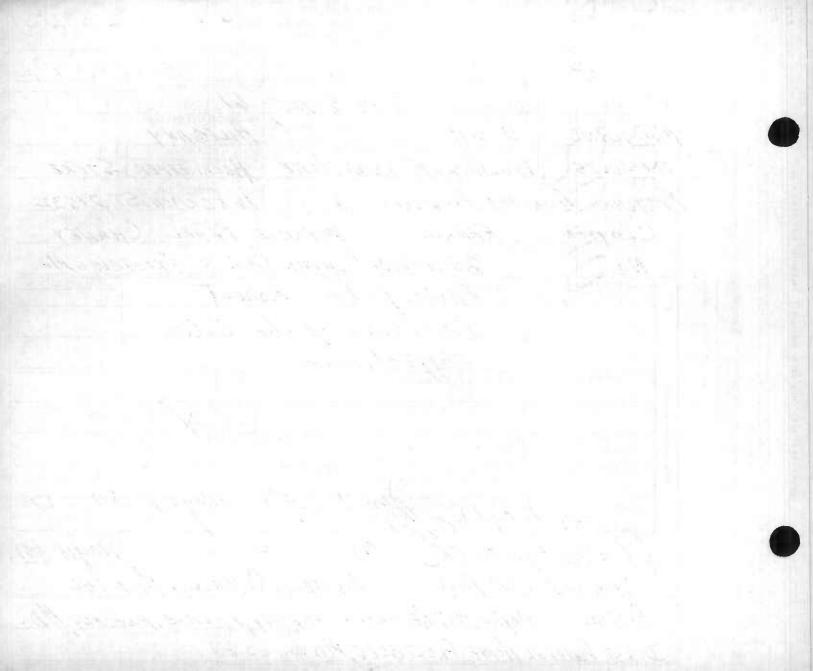
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It FATER'S NAME INST IS MOTHER'S MADRE INST	filled in void be	130. 5	STATE 136 COUR	VIY 13c. CITY OR TO	WN 1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE Paca Street	21500
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18 CAUSE OF DEATH (Enter only one course per line for 10, 14), and 10.1 19 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING OF COURTS IN THE COURSE OF COURSE OF DEATH (E) THE COURSE OF DE		1	YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)		ADDRESS	
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220. I certify that (I) (this hospital) attended the deceased from	Z & Q O T 8		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	P PART 2}
Sow the deceased alive on obove, (1) (we) (did) fold not! view the body after death. 19	S S B S S S	MEDI	WHILE NOT WHILE			CITY OR TOWN C	OUNTY STATE
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0000	7 JUN -		CETTOLD TATTILE	100	WIDDLE		AST	20 DATE OF DEATH		AR 26. HOUR
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eoth. Po	Sec. A	70. B	RTHPLACE (STATE OR FORE OUNTRY) MD	Th CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	DXXNEVER MARRIED	Allegany	R COUNTY OF DEATH	MD
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AND 212	filled in	13a.		ome or other institution COUNTY Bedford	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hyndma:	N	13d. INSIDE CITY LIMITS? YES NO X	R D 1 / 1	ZIP CODE 5545	79999
BALTIMORE, MARYLAND 2 cote be executed within 24 ho	on ond 2 sh	JAPE.	Virgil	MIDDLE	inty		15. MOTHER'S MAIDEN NA Catherin	MIDDLE	Barncor	d
ORE,	ond co		VAS DECEASED EVER IN L	J.S. ARMED FORCES? FYES GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDR		
TIMO be e	S. Po		yes	WWII	214-03-	/23/	Lois Print	y, P O Box		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICLE Tenner requires that the death certifical	gned by the ottending phy in please remove corbonpa buriol, cremation, or remov iry, or other troumatic event	7	Conditions, if any, what gave rise to immedicause (o), stating underlying couse I	CAUSED BY: MEDIATE CAUSE IO) DUE TO, O nich (b) iote (he ost) Out TO, O (c)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERA			PROXIMATE INTERVAL VEEN ONSELAND DEATH
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nd Schild	d be St ATAN		22d. PHYSICIAN'S NAME	,				rial Hospita		Bldg.
OH O	h the		Dr. Thaddeu				Cumbe	erland, MD 2	21502	
Janin	166	23a I	URIAL, CREMATION, REA	1 1			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
199BP	74	_	Burial	- 96/01/	/87 H	yndma	n Cemetery		Bedford, F	
bearing (VI	16 80M 7/84 RA 15: 4)		larvey W. Ze	igler, Hyno	lman, PA	155	45 25a. DA1	UNO3 1987.	gruin Durdon	n-fandall



4.62 MAY 2	5,8	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2 5 2 3
nay be page 3 r death		CEASED NAME FIRST Shirts	ev June Rankin 20. DATE OF DEATH MONTH DAY	1-87 26 HOUR 3
age 4 may rectar, pa		emale	Caucasian JUNE 9 1925 6/ YRS	INDER 1 YEAR IF UNDER 24 HR
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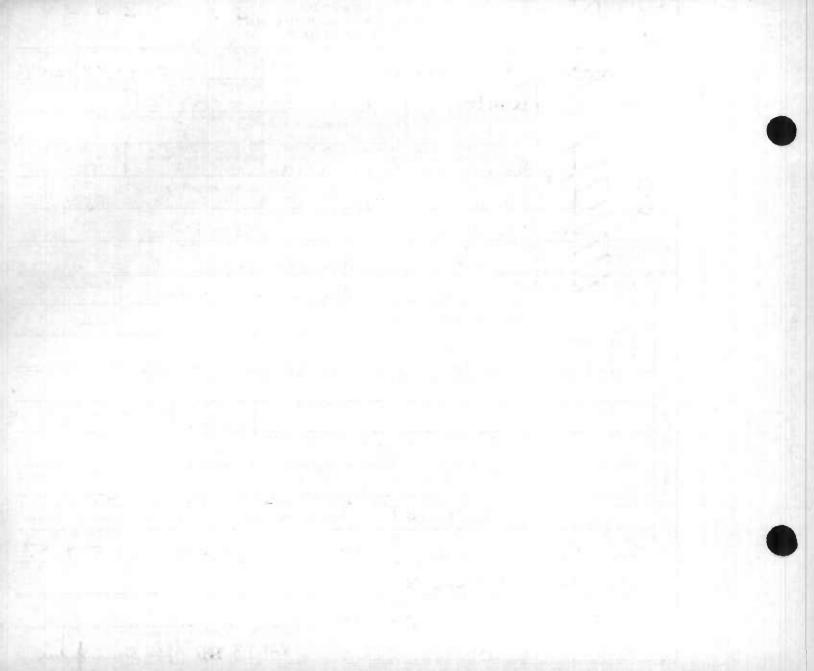
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OR of her		276 SIGNATURE	20	1			DEGREE	NDING .	MEDICAL _	STAFF		TE SIGNED
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TO HOSPITA etained by TO FUNERA should be down the Story IMPORTANT			Dr. Ru	ual Fel	ipa		925 Bis	shop Wa	alsh Ro	ad, Cu	umberland	. Md. 2150
D € 5 € 3 ₹ 1		BURIAL, CREMATIC		236 DATE		230 NAME OF	CEMETERY OR CREA	MATORY	23d LOCATIO		COUNTY	STATE
1116BP 1116		Bus	rial	05-19	-1987	Sunset	Memorial	Park	Cumbe	rland	Allegar	y MD
9// 5/11/1/2017	24 F	UNERAL DIRECTOR							REC'D. BY REG	STRAR 256	REGISTRAR'S SIGN	
DHMH - 16 60M 7/84		James F	. Scar	nelli.	Cumber	land ME	21502	IMAY	20 10	27 1	dia Dander	- Kandree

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STATE OF MARYLAND

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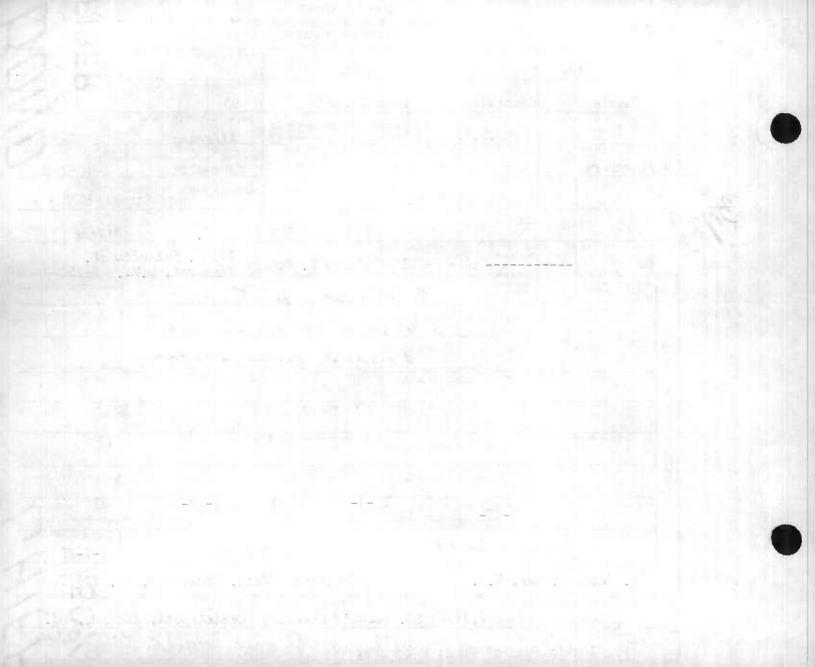
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Manual Company Company



STATE OF MARYLAND - STATE REGISTRAR THE OF PRINT 20. DATE KNOWN IX MONTH 10 87 DEATH MATED 4-XXX Robert M. Smith 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. LIE UNDER 24 HRS. 2c DATE 2d LEDUR LAST BIRTHDAY) PRONOUNCED DEAD 1087 1908 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany County USA WIDOWED DIVORCED Harpersville IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ret. Celeanese Supervisor Frostburg Вох 413 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 130 STATE 13c CITY OR TOWN Allegany Frostburg NO TO Rt. 1 Box 413 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Thompson Smith Agnes Samuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 214 07 2249 Mrs. Bernadette Smith 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which arteriosclerotic heart disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF diabetes mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUTR YES [] NO XX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK THE InspectionXX 220 I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Natural causes Hamicide ___ Undetermined manner Suicide TITLE (SPECIFY) 4-22-87 ACTUAL MEDICAL EXAMINER SIGNED Giovanni Mastrangelo, M.D. ADDRESS EXAMINER'S NAME 900 Seton Drive, Cumberland, MD 21502 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 236 LOCATION Frostburg Memorial Park Frostburg Allegany Md. 07/84 **DHMH - 17** Longconing, Md. 21539 (VR A15 ME (5))

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O REGISTRAR				4		REG.	NO.	320 00	
DECEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D
(TIPE OR PRINT)	LEE		ESTON	S	SWICK	May 30, 1	987	32	10:50 M
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	
male	2	white		MONTH	08-11-1907	79	YRS	MONINS DATS	HOURS MIN.
BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	OF DEATH	
WV		USA		WIDOWE		1	Allegar	ıy	MD
O CITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPA	ATION	126. KIND (OF BUSINESS OR
Cumberla	nd	Mem	the facility, Give street orial Hos	spital		Boilerma	iker	rai	ilroad
JSUAL RESIDENCE (IF NO	IST COUN	OTHER INSTITUTION		E ADMISSION)		La CIDEET ADDDEC	C / 7ID COD	-	
MD	A11	egany	Cumbe		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRES	uisiana	a Avenu	e/21502
4. FATHER'S NAME	-		LAST		15. MOTHER'S MAIDEN NA				
FIRST		neth Swi			FIRST	Laura Lewis	3	. LA	.ST
60 WAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		RESS		
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	705-10-7	7980	Mr. Richard	L. Swick,	Cumber	cland, 1	MD - son
III CALISE OF DEA	ATH (Enter or	ly one couse per	line for (a), (b), an	dici					XIMATE INTERVAL
PART I. DEATH	WASCAUSE	D BY:	CARCINO		OF LUWG			DETWEEN	ONSE! AND DEATH
	IMMEDIA	re CAUSE (a)	C						
	mmediate ting the ise last	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	ONDITION GI	VEN IN PART 1	ila-
190 DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FIND	
HE I						YES NO		IFYING CAUSE:	S OF DEATH?
210. ACCIDENT WAS L	_	1100100 1	FINJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART I OR PART 2}	
OR CONTRIBUTING		(IH	M.	19					
21d. INJURY OCCU		21e. PLACE			211. LOCATION	CITY OR	IOWN	COUNTY	STATE
WHILE NOT AT WORK	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	FARM, ETC)	SINCE	Citron			31212
22a. L certify that	(I) (Mis hosp			5-	17 19 8	7.10 5-	70	19 87	, that (we) last
saw the dece	ased alive	5 - the bady	ofter death	57,01	nd that in (my) (aur) apinian	death occurred an the	date and ho	ur and fram the	e causes stated
226. SIGNATURE	lan	7)	Just For	- Dr (DEGREE ATTENDING ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN []	22c. DAYE	31/87
22d. PHYSICIAN'S					Memorial Hos				- (
Dr. Te	rry Wi	11iams			Medical Buil	Lding Cur	nberlar	nd, Md.	21502
230 BURIAL, CREMATION (SPECIFY)					EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE
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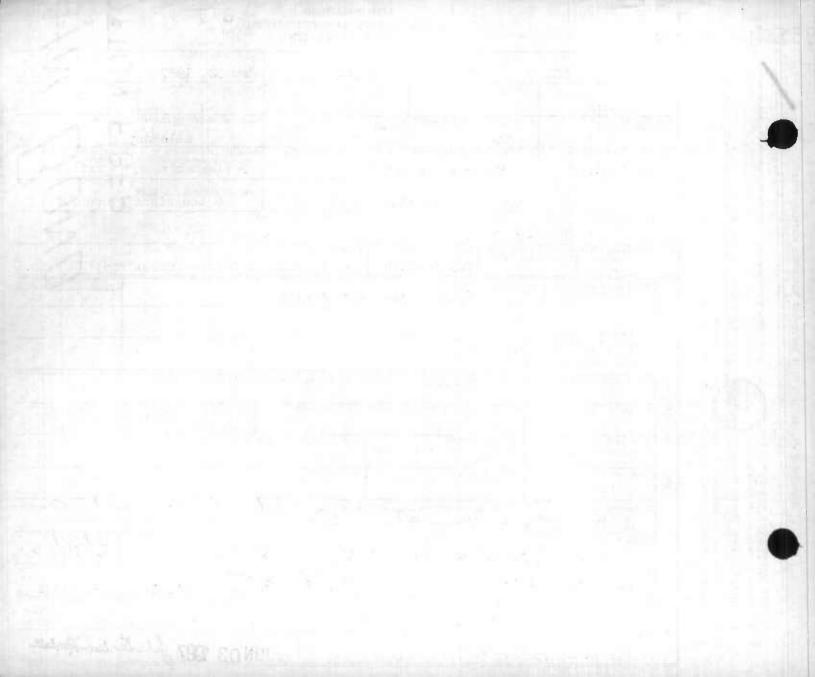
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24 FUNERAL DIRECTOR

should be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is

James F. Scarpelli, Cumberland, MD 21502

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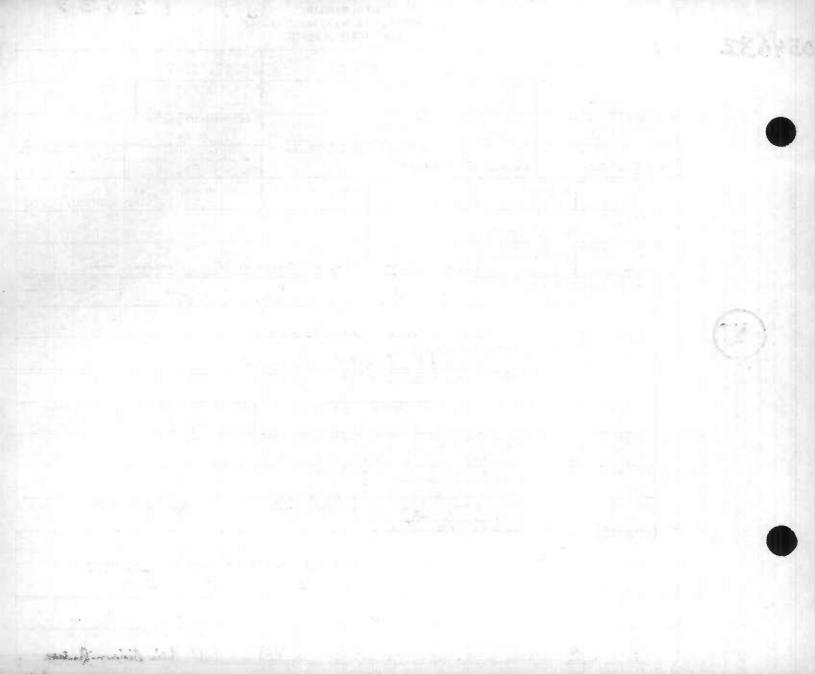


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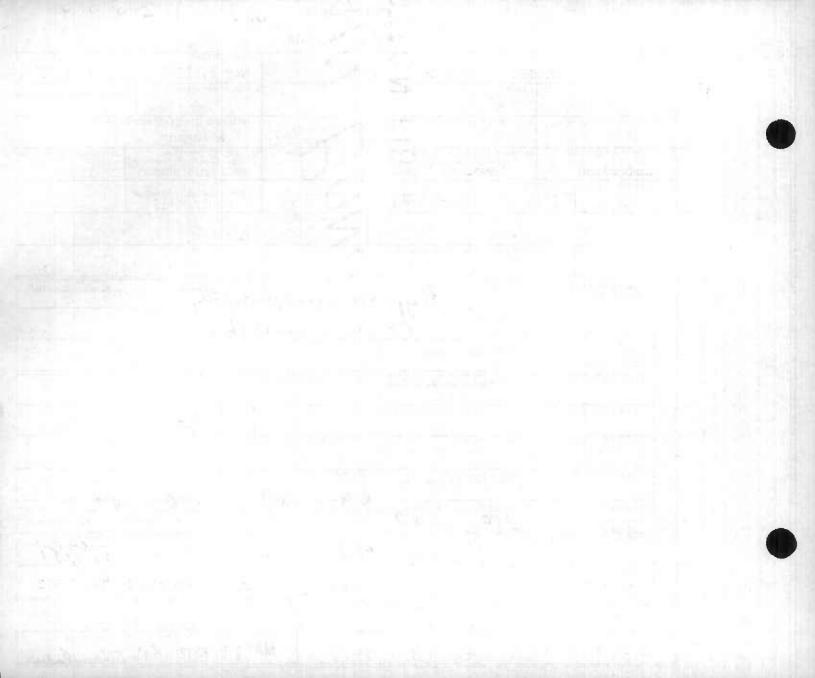
	1-	FOR STATE REGISTRAR	FUNERAL HOME DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	656
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
20 N -7	57	MARY	GERALDINE	THOMAS	MAY 1. 1987	2:58.4
278	J. 5E	(4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
oge of		Female	WHITE	10/9/22	64 YRS	
7 G 20 4	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5 5 5	14.6	MARYLAND	U.S.A.	WIDOWED DIVORCED	THEFTON ALL COOLAIK!	
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st be a	USU.		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CODE	07.50.0
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with with a 2 sl	14 FA	THER'S NAME	MIDDLE (AST	15. MOTHER'S MAIDEN N.		LAST
		PETER	T. KENNE			BRÖDERICK
n ond c		VAS DECEASED EVER IN U.S.	0.0.5 to 1.0.0 0 0 0 10 to 10 to 1		., FROSPBURG,	
. P. P.		NO N.	218-12-	5518 MISS MARY	JO KENNEY, 159	
hysici poper aval		18 CAUSE OF DEATH (Enter PART 1, DEATH WAS CAU	anly ane cause per line for (a), (b), of	The de almondo O	0000 4-0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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attendin nove corb latian, or i troumotic	7	Call And Call	DUE TO, OR AS A CONSEQU	ENCE OF ALLACTOR	Heunahase	QAA.C
nove atia	-	Conditions, if any, which gave rise to immediate	(b)	sac alaquole	Henrichage	1 acres
by the ose ren I, crem other t		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	V	-
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8 = 9 >	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
rcron. Te hos by set perm regione progress or shows or the progress or the pr	IFIC					FYING CAUSES OF DEATH?
ending physicio	CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	
		OR CONTRIBUTING CAUSE OF	DEATH	AY YEAR		
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TOR. or us of He			an nat) view the body after death.		deoth accurred an the date and hou	•
REC Fed f		274. SIGNATURE	nat) view the body after death.	DEGREE		22c DATE SIGNED
FUNERAL DIRI		1128	Huether	ATTENDING PHYSICIAN	MEDICAL STAFF	574/57
TO FUNERAL should be det with the State MPORTANT.		22d PHYSICIAN'S NAME (TVE	PE OR PRINT)	22e ADDRESS	O SIRECION DI PRISICIANO	0//11
should be with the !		PICHADO	SCHMITT, MD	OND SETON	DRIVE. CUMBERLAND	MD 21502
of Of Shoot	23a F	JURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	1236 LOCATION	ALDUZ UITA
BP.	1	SPECIFY)	E/1 /97 PM		CITY OR TOWN	LLEGANY MD
	11-11	WE KIND IRELYDE Y	60 W.	MICHAEL'S CE	TE REC'D. AM REGISTRAR 256 REGIST	
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32 2		CEASED NAME FIRST	WIDDLE	LAST		REG. NO		Y YEAR	2b. HOUR
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ector, po	3. SE	female	4 RACE White	5. DATE OF BIRT	H 3–1897 ^{YEAR}	6 AGE (IN YEARS LAST BIRT	YRS.		HOURS M
72 hours	7a. BI	RTHPLACE (STATE OR FOREIGN DOUNTRY)	76. CITIZEN OF WHAT COUNTRY USA	MARRIED ☐	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Allegany		FDEATH	E.
by the further from the formal section of th	C	ty or town of death umberland	11. NAME OF HOSPITAL, NURS NEMOTIN SUCH EACHLEY, GIVE STRE MEMOTIAL HOSPI	er ADDRESS)	IER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF REQ. NUISE		126. KIND OF INDUSTRY HOSP	BUSINESS
179	13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13t. CITY OR TO Legany Cumber		NSIDE CITY LIMITS?	13e.STREET ADDRESS / 909 Lou	ZIP CODE isiana	Avenue	2/2150
1011	14 FA	THER'S NAME	MIDDLE LAST Beckman		OTHER'S MAIDEN NA			LAST	
Popes 1			MED FORCES? 166. SOCIAL SEC	3581 ME	FORMANT Alber	t Theodore Bec a Callis, D	ss kman, Cr a kland	esaptowr	n, Md.
physic Son poper removal.		PART I. DE ATH WAS CAUSE	nly one couse per line for (o), (b), o D BY: TE CAUSE (o)	2 dio 10	minuta	4 Arrest	-	APPROXIM. BETWEEN ON	ATE INTERVAL NSET AND DEA
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n signed for the thendi Then pleas, efficiency r to buriol, or extraction injury, or ether trauman	NOI	gove rise to immediate couse (a), stating the underlying couse last.	(b)	UENGE OF CIENTE	Slepten Lugar ELATED TO THE TERM	INÁL DISEASE OR CONE	DITION GIVEN	N IN PART 110	
hos been sign t permit. Then rene prior to bu lows ony injury.	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, OR AS A CONSO (c)	UENGE OF ODEATH BUT NOT R		200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDING NG CAUSES O	GS USED OF DEATH?
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DIRECTOR. After this certificate been sign toched for use os the buriol-transit permit. Then bept. of Health and Mental Hygiene prior to but them 21 is marked or them 18 shows ony injury.		gove rise to immediate couse (a), storing the underlying couse last. PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. A COURT OF THE COUNTY	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE OF THE CONTRIBUTION FOR WHICE OF THE CONTRIBUTION FOR WHICE OF THE CONTRIBUTION	UENGE OF CLOUDE THE BUT NOT R THOPERATION WAS DAY YEAR 19 21f. L	OCATION STREET 13 19 17 19 17 19 19 10 10 10 10 10 10 10 10	200 AUTOPSY? YES NO CITY OR TOWN OF TOWN 10 deoth occurred on the do	20b. IF YES, VIN CERTIFYIN YES (YIN ITEM 18 PART VIN 110 ON THE O	WERE FINDING NG CAUSES O	STATE
rding physicion. ss certificate has been sign burial-transit permit. Then I Mental Hygiene prior to bu or frem 18 shows any injury.		gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp) sow the deceased alive on obove, (1) (we) [did) (did id)	DUE TO, OR AS A CONSEQUENCE OF INJURY ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE (101) offended the deceased from (1) view the body after death.	UENGE OF COLDINATE OF THE PROPERTION WAS TO DE GRE	OCATION STREET In (my) (our) opinion E ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NOTION NOTION NOTION NOTION CITY OR TOW MEDICAL STAF DIRECTOR PHYSICI PITAL MEDIC,	20b. IF YES, VIN CERTIFYIN YES [YIN ITEM IS PART VIN ITEM IS PART VIN ITEM IS PART VIN ITEM IS PART	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE Out (II (we)



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tor, page 3 offer death	1	PE OK PRINTS	JESSE	PARKER	WAGON	ER	May 6, 1987		3:55 M
mo de la composition della com	3. S	EX	4 RACE		5. DATE OF BIRT	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONINS DAYS	IF UNDER 24 HRS
ge 4	0	male		white		-1918		YRS	
nerol di	70.	BIRTHPLACE (STATE OR FO	REIGN 76. CITIZ	EN OF WHAT COUNTRY? USA	MARRIED WIDOWED	DIVORCED	BALTIMORE CITY OR CO Allegany	UNTY OF DEATH	MD.
by the for	1	Cumberland	(IF N	ME OF HOSPITAL, NURS IN OT IN SUCH FACILITY, GIVE STREET Memorial Hos	pital	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Pet. track for	KING LIFE) INDUSTRY	BUSINESS OR
Filled in nould be	13a.	JAL RESIDENCE (IF NURSING STATE WV	Minera	130. CITY OR TOW Fort As	shby 13d. In		136.STREET ADDRESS / ZIP NONE / 26719	CODE 99	999
makru ed withii ond 2 st	14.1	FATHER'S NAME FIRST Cla	ir Wagon	er	15. M	OTHER'S MAIDEN NAMED FIRST	a Garland	LAS!	
frote be executivote by the second company of the second company o	16a.	(YES, NO OR UNKNOWN)	U.S. ARMED FOI (IF YES, GIVE WAR OR (FORMANT S. Alice W	agoner, Fort A	Ashby, WV	- Wife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician. After this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in by the after of the please remove corbon papers. Pages 1 and 2 should be filled on the first of the please remove corporates.	No	Conditions, if ony, gove rise to imme couse (o), stofing underlying couse	which ediote the lost.	to, or as a consequence to, or as a consequence (c)	ENCE OF	ELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110	
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Spitol or CTOR: A Ifor use of Heal		sow the deceased		nded the deceosed from 193	7 on that	in (my) (our) opinion o	deoth occurred on the dote or		hat (I) (we) lost causes stated
the hound of the hound of the hound of the heart ochec		22b. SIGNATURE	St	elus	DEGRE MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	D The DATE	7/87
O HOSPI Torted by Novid by APORTA		Dr. Halmo				MODRESS Morial Hos	pital Cumber	land, Md.	21502
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DHMH - 16-50M 7/84 (VRA 15, 4)	24	James F. S	carpelli	, Cumberland	, MD 2150	25a. DAT	AY 1 1 1987	ulia Dividen	Padas



Cumberland, MD

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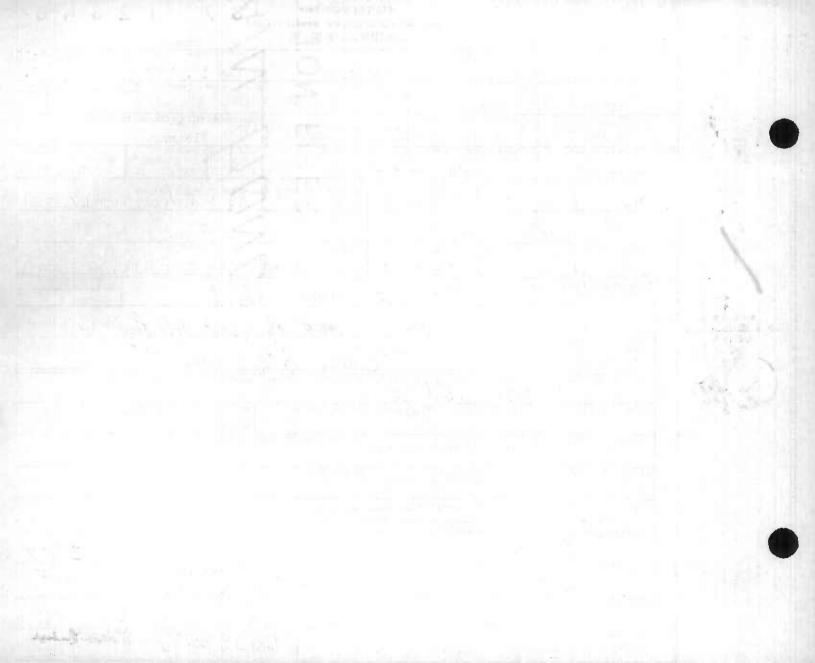
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James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



HOTE MERCHANIST LINES 22 CASTS COME PRESENTED AND MAINTED NAV 19 BOD Blue Embero Parkers

	1.	FOR - STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		2 0	4 2
57374 MAY		GEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH		Y YEAR	2b. HOUR
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moy pog	J. SE		4 RACE		5. DATE C		6 AGE JIN YEARS LAST BIRT			IF UNDER 24 HRS
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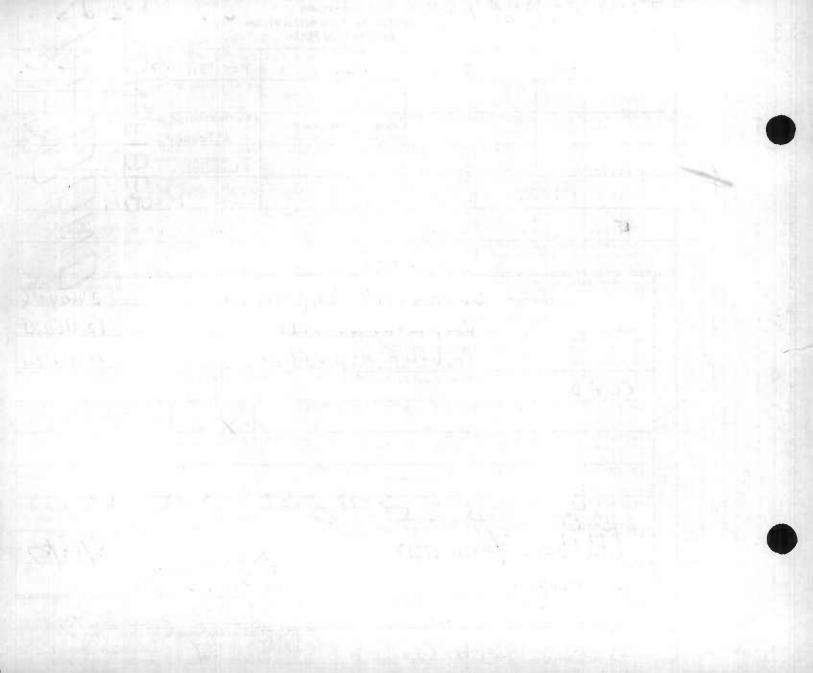
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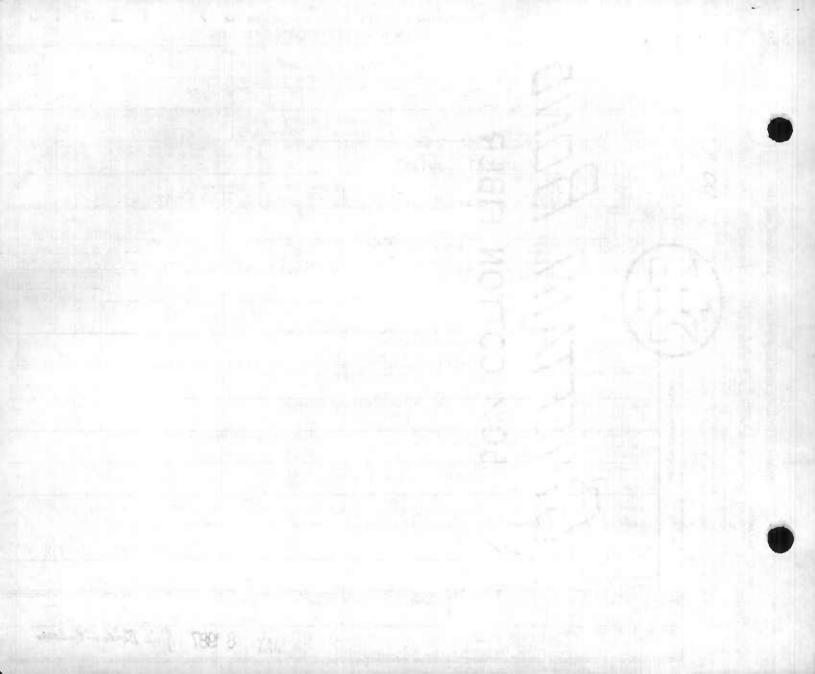
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	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AS THE STATE OF THE ST	TATER DEPORT OF THE STATE OF TH	THE STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT) 3 SEX FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FEMALE FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH JUMBerland SUAL RESIDENCE (IF IN NURSING HOME O 130 STATE 135 COUNT Aryland Alle FATHER'S NAME FIRST JOSEPh 160 WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEL IMMEDIAT Conditions, if any, which gove rise to immediate couse (a) stoting the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS History of 190 DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS WHILE AT WORK 210 L CERTIFY INDITIONS ACTUAL SIGNATURE EXAMINER'S NAMP (TYPE OR PRINT) PART 3 230 BURIAL, CREMATION, REMOVAL 2 BURIAL 24. FUNERAL DIRECTOR Least 17 17 17 18 19 19 10 10 10 10 11 11 12 11 12 12	THE STATE REGISTRAR TO CERCENCE OF PRINT) REGINA REGINA 3. SEX Female Cau 10 22 To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CUMberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 130 STATE TO CITY OR TOWN OF DEATH (IT NOT NOTE TO CITY OR TOWN OF DEATH (IT NAME OF HE (IF IN NURSING HOME OR OTHER INSTITUTION 130 STATE TO SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 130 STATE TO COUNTY AT PATHER'S NAME FIRST JOSEPH NOT WHAT I DEATH WAS CAUSED BY: IN CONTRIBUTIONS (ON INNAMOWN) TO CONTRIBUTING OR CONTRIBUTING OR	TO STATE REGISTRAR MEDICAL TO BECEASED NAME (TYPE OR PRINT) REGINA REGINA Pear REGINA R	TOUR PRINT OF MEDICAL EXAMINATION OF PRINT ME	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CONTROLLED FOR STATE REGISTRAR REGISTRAR REGISTRAR REGINA DATE OF BIRTH MEDICAL EXAMINER'S CONTROLLED FROM DAY YEAR BEGISTRAR PRODUCE (TYCO FRINK) REGISTRAR REGINA DATE OF BIRTH ACCE (STATE OR 10 DAY YEAR) REGINA DATE OF BIRTH DAY YEAR BASED FOR OTHER STATE DATE OR OTHER STATE DATE OF THE PRODUCE BEFORE ADMISSION DATE OF THE PRODUCE BEFORE DATE OF THE	REGINA REGINA	DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DE MARRIED MARRIED DE MARRIED DE MARRIED DE MARRIED DE MARRIED DE MA	TOTAL PROPERTY OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TOTAL PROPERTY OF THE TITLE OF THE PROPERTY O	DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR Pearl YOUNG Pearl YOUNG REGISTRAR Pearl YOUNG Pearl YOUNG Pearl YOUNG REGISTRAR REG	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR	DEPARTMENT OF HEATTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR POWER OF THE SECRET OF THE SECRE



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